9 1929

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

38144

File No. .....
Registered No. 239

**1. PLACE OF DEATH**

County St Louis — Registration District No. 1170
Township ~~Bellefontaine~~ — Primary Registration District No. 6248 H
City ~~Bellefontaine Nbs~~ (No.) St. Mary's Hospital St. (Ward)

**2. FULL NAME** Pauline Hoffer

(a) Residence. No. 4121 Fairview St., ..... Ward. St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | white | widow |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-19-1860

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 3 | 22 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) Ills

PARENTS

10. NAME OF FATHER Do not Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Do not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. L. A. Inman
(Address) 4121 Fairview ave

15. FILED 11/13 1928 C. L. Jensen
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-12 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Nov 12, 1928, that I last saw h. alive on Nov 11, 1928, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Lung
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Breast
(duration) 4 yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Gland from Axilla
(Signed) G. Hoffel Carson (M.D.)
G. Bradeen M.D.
Nov 13, 1928 (Address) 635 Missouri Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Bloomington Ills | 11-14 1928 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Henry Heir | 2223 S. Grand |

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr J. F Bredeck