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

Do not use this space.

43155

File No.

Registered No. 12461

1. PLACE OF DEATH

County

Township

City St. Louis (No. Missouri Baptist Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME KATHERINE HOFMEISTER

(a) Residence. No. 627 Clara Ave. St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER James Lynch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Not obtainable

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill.

14. INFORMANT Gladys Gotsch
(Address) 627 "C" Clara

15. FILED 21 1928 Belleville, Ill. Ray C. Handley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from July-14-, 1928, to Dec-20-, 1928 that I last saw her alive on Dec 20 1928 and that death occurred, on the date stated above, at 4:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia

93C

11,7A

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) chr. Myocarditis

(duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Maurice A. Frankenthal, M. D

12-21, 1928 (Address) 4590 Olive St.

*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
Belleville, Illinois	Dec. 22, 1928
20. UNDERTAKER Peter Gardner	ADDRESS Belleville. Ill.

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.