

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

Do not use this space.

4695

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis (No. 4128 - Natural Bridge)

File No.....

Registered No. 1386

St. Ward)

2. FULL NAME

(a) Residence. No. 4128 - N. 7th Bridge 10 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

**5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)**

Married

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

Otto Hoffer

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

April 7, 1874

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>	<u>9</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

Ills

10. NAME OF FATHER

Richard Mitchell

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

Ills

12. MAIDEN NAME OF MOTHER

Not Known

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

Ills

14.

INFORMANT

(Address) Ray C. Hoffer
4128 - N. 7th Bridge

15.

FILED

Jan 29 1929
Ray C. Hoffer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 20 1928 to Jan 26 1929

that I last saw him alive on Jan 10 1929, and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Pulmonary Nephritis
Arteriosclerosis

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH.....
131
97 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Not known
(duration) yrs. mos. da.

19. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH.....
1290

Did an operation precede death? No DATE OF.....

Was there an autopsy? No

What test confirmed diagnosis? As follows

(Signed) Ray C. Hoffer M. D.

(Address) 1290 Missouri Chiropractic

*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

Not Buried DATE OF BURIAL Jan 29 1929

BY UNDERTAKER

Math. Hermann & Son ADDRESS 2161 E 7th Ave

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.

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

235
2
2
2

