

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

Do not use this space.

1. PLACE OF DEATH

County 3801 Gravois Ave
Towship
City St. Louis Mo (No. 3801, Gravois Ave)

Registration District No. 791
Primary Registration District No. 1003

File No. 19622
Registered No. 5226
St. _____ Ward)

2. FULL NAME

Sr. Mag. of St. Theodore - Elizabeth Hoffman
(a) Residence. No. 3801 Gravois Ave St. _____ Ward 6
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>	<u>1</u>	<u>3</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious
(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) Terre Haute Indiana

10. NAME OF FATHER John Hoffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Berlin Germany

12. MAIDEN NAME OF MOTHER Anna Mills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Terre Haute Indiana

14. INFORMANT Sr. Mag. of St. Francis Xavier
(Address) 3801 Gravois Ave

15. FILED MAY 10 1929 May C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/9 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1925 to 6/19 1929 that I last saw her alive on 5-7-1929 and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Bowel
46
1 1/2 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 45
AT PLACE OF BIRTH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W.E. Stenewich, M. D.
5/9 1929 (Address) 214 Chretien Street Alley

*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 Calvary Cemetery DATE OF BURIAL 5/11 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

WHILE IN PRINT, WITH UNWADING INK—THIS IS A PERMANENT RECORD

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