

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

Do not use this space.

42114

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **St. Anthony Hospital**).

File No.....  
Registered No. **11813**  
St. .... Ward

**2. FULL NAME** **Cecilia Hoffmann.**

(a) Residence. No. **Perryville Mo.** St. **16** Ward. **Perryville Missouri**  
(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**

<b>3. SEX</b> Female	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) Widowed.
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> Joseph Hoffmann.		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> Nov. 27, 1847.		
<b>7. AGE</b>	<b>YEARS</b> 82	<b>MONTHS</b> 6.
	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>

**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)** Missouri.

**10. NAME OF FATHER** William Pander.

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

**12. MAIDEN NAME OF MOTHER** Dont Know.

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

**14. INFORMANT** Anton Schott  
(Address) 4424 Pennsylvania Avenue

**15. FILED** LEC - J 1929  
REGISTRAR Max C. Starkey

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 3, 1929.

**17. I HEREBY CERTIFY, That I attended deceased from**..... 19..... to..... 19.....  
that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... 9:02 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Bilateral lobar pneumonia  
(Fractured ribs)  
Struck by auto in Jefferson county Mo. (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** Accident (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED?** Accident

**IF NOT AT PLACE OF DEATH**.....

**DID AN OPERATION PRECEDE DEATH?**..... DATE OF.....

**WAS THERE AN AUTOPSY?** yes.

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. W. Keme, M.D.  
12/4/29 (Address) Dep. Coroner

\*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** Apple Creek Mo. **DATE OF BURIAL** Dec. 4 19 29

**20. UNDERTAKER** K.H. Keenan, L.H. Co. **ADDRESS** 2842 Meramec

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.

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REGISTRAR

