

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

Do not use this space.

6776

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **1455**, So. Second

File No.

Registered No. **1608**

St. Ward)

2. FULL NAME

(a) Residence. No. **1455 So. Second** St., **23** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

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

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

Nov. 17 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

3

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Wife**

(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) **St. Louis, Mo.**

10. NAME OF FATHER **Daniel Hoffman**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT

(Address) **Arthur Vely 3136 Chipmunk St.**

15. FILED

FEB 14 1930 at St. Louis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 13 - 1930

17. I HEREBY CERTIFY, That I attended deceased from

MAY 5th 1926 to **FEB 13 1930**

that I last saw h. ER. alive on **FEB 10th 1930**, and that death occurred, on the date stated above, at **2:00** m.

93C THE CAUSE OF DEATH* WAS AS FOLLOWS:

PERNICIOUS ANEMIA (ADDISONIAN TYPE)
(duration) **3 yrs 8 mos - ds.**

CONTRIBUTORY (SECONDARY) **CHRONIC MYOCARDIAL DEGENERATION**
(duration) **2 yrs 6 mos - ds.**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DID PREOPERATION PRECEDE DEATH? **No** DATE OF X

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Blood**
(Signed) **Matter & Frank**, M. D.

2/13 1930 (Address) **1405 S. Broadway**

*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

S. S. Peter + Paul 2-15-1930

20. UNDERTAKER

ADDRESS

Ziegenhein Bros, 2623 Cherokee 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.

235
10

