

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

Do not use this space.

24567

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 4457 Wilson Ave St. _____ Ward _____)

2. FULL NAME

(a) Residence No. _____ St. 15 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to July 15 1930 and that I last saw her alive on July 15 1930 and that death occurred, on the date stated above, at 2:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 1858

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 2

Carcinomatous of neck, throat, chest and mediastinum.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework 45F
 (b) General nature of industry, business, or establishment in which employed (or employer). 47B
 (c) Name of employer 53E

CONTRIBUTORY (SECONDARY) Hemorrhages (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) At Home
Germany

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH. 4457 Wilson Ave

10. NAME OF FATHER Unknown Hoffman

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 1930

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

19. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Cancer

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

(Signed) Julia E. Blaich M. D.

14. INFORMANT Olga Etter
 (Address) 4457 Wilson Ave

(Address) 1202 S. Vandeventer

15. JUL 18 1930 FILED Max O. Karker REGISTRAR

*State the DISEASE CAUSING DEATH, of an death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20. UNDERTAKER Wm J. Robert ADDRESS 465 S. Grand

19. PLACE OF BURIAL, CREMATION, OR REMOVAL San Lot Burial Park DATE OF BURIAL July 18 1930

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

