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

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.

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

Do not use this space.

24421

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6546

City St Louis Mo. (No. City Infirmary ..... St. ..... Ward)

2. FULL NAME Mary Hoffman

(a) Residence, No. 5860 Arsenal St., 13 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	45	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil 244

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Chas. Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Jennie Marion

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) M. Effinger 5860 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Paul DATE July 18, 1932

19. UNDERTAKER (ADDRESS) Wacker - Heldell 2331 - So. Bivay

20. FILED JUL 17 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to July 15, 1932

I last saw her alive on 7-15, 1932 Death is said to have occurred on the date stated above, at 4 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	
Hypertrophic arthritis	305
93C	
57A	
191	

Other contributory causes of importance: Heart prostration

J. W. Kerner D.O. Reg. 7/17/32

Name of operation None Date of

What test confirmed diagnosis? Cessation of pulse & resp. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R H Moore, M. D.

(Address) City Infirmary