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.

APR 25 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 11014

Township ..... Primary Registration District No. ..... Registered No. 2873

City St. Louis, (No. 4641 Idaho St. ..... Ward)

2. FULL NAME Hattie Eilers

(a) Residence, No. 4641 Idaho St., 15 Ward. (If nonresident, give city or town and State)
(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.

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 (late) Jos. Eilers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1869

7. AGE: YEARS 65 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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, Mo

FATHER

13. NAME Henry Hoffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Lee Holdenburn 4641 Idaho

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE 3-23 1934

19. UNDERTAKER (ADDRESS) Southern Und. Co. 6322 S. Grand

20. FILED MAR 22 1934 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1934, to March 20th, 1934. I last saw her alive on March 20th, 1934. Death is said to have occurred on the date stated above, at 3 P m.

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

	Date of onset
Myocarditis Chronic	
93C	
11	

Other contributory causes of importance:

Bronchial Asthma (non tubercular)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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

Accident, suicide, or homicide? ..... 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 4661 Virginia Ave

(G. H. Meyer)