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.

100M-11-24-33

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

MAY 25 1934

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 14981

Township ..... Primary Registration District No. ..... Registered No. 4190

City St. Louis (No. 1701 O'Fallon St. St. ..... Ward)

2. FULL NAME Josephine G Hoffman

(a) Residence, No. 1701a O'Fallon St. St., 25 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Joseph J Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15th 1865

7. AGE: 69yrs. YEARS; MONTHS: ---- DAYS: 9da. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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 John Stienes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Teresa Mogsy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joseph J Hoffman 1701a O'Fallon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt. DATE April 26th, 34

19. UNDERTAKER (ADDRESS) Harrigan & Sheahan Und Co 4415 Washington Blvd.

20. FILED 9 25 1934 19 J. Bieseck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th. 1934

22. I HEREBY CERTIFY, That I attended deceased from about April 10, 1934 to April 24, 1934
I last saw her alive on April 23, 1934 Death is said to have occurred on the date stated above, at 4 9 m.
The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Ong Chmsl 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) C L Puckett, M. D.
(Address) 3529 E Franklin