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.

JAN 14 1935

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

Do not use this space.

44592

1. PLACE OF DEATH

County ..... Registration District No. 781 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 11700

City St. Louis, (No. Missouri Baptist Hosp. St. ..... Ward)

2. FULL NAME Elizabeth Hoffmeister

(a) Residence, No. 4298 Olive St., 19 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1854

7. AGE YEARS 80 MONTHS DAYS 7 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Unknown

FATHER
13. NAME Chas B. Hoffmeister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

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

17. INFORMANT (ADDRESS) Minnie Abel, 1 N. La Salle St Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Dec 11 1934

19. UNDERTAKER (ADDRESS) John H. Sharkey, 4346 Washington Bl

20. FILED DEC 11 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Dec. 8, 1934
I last saw her alive on Dec 8, 1934. Death is said to have occurred on the date stated above, at 11:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1928
Arteriosclerosis	1928
Chronic myocarditis	1928

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? No
If so, specify .....
(Signed) Norton John Eversoll, M. D.
(Address) St. Louis, Mo (4129 Washington)