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.

OCT 23 1935

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

Do not use this space.

791 30915

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7704

City St Louis (No. 4544 Adelaide Ave St. ..... Ward)

2. FULL NAME Mary L. Hoffman

(a) Residence, No. 4544a Adeliade Ave Ward. 9 (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 Louis Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1864

7. AGE YEARS 71 MONTHS 7 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Sanders

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

MOTHER

15. MAIDEN NAME Clara Schuette

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

17. INFORMANT (ADDRESS) Louis Hoffman 4544a Adeliade Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picketts DATE Sept 14 1935

19. UNDERTAKER (ADDRESS) Hy Leidner Mnd Co. 1417 N. Market Str.

20. FILED SEP 13 1935 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1935, to Sept 11th 1935

I last saw her alive on Sept 11th 1935. Death is said to have occurred on the date stated above, at 9 am

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

Hemiplegia — Last attack 9/10/35

Cerebral Haemorrhage (non Traumatic) 82a

Other contributory causes of importance: Pyralysis of R Side =

Date of onset

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? No

If so, specify .....

(Signed) Alfred Vogler, M. D.

(Address) 4244 W. Florissant