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.

37248

DEC 20 1935

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township Normandy Central — Primary Registration District No. 6033 — Registered No. 287

City Pine Lawn (No. 3718 Jennings rd. St. Ward)

2. FULL NAME Georgia Hoffman

(a) Residence, No. 4002 Oakwood St., 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: George A. Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1881

7. AGE: YEARS 54 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Unknown Joyce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Jane Bryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): George Hoffman, 4002 Oakwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: 12/2/35, 19

19. UNDERTAKER (ADDRESS): Drehmann & Harral, 1905 Union

20. FILED 12-2-1935 H. A. Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1935 to Nov. 30th, 1935

I last saw her alive on Nov. 30th, 1935. Death is said to have occurred on the date stated above, at 3:37 AM m.

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

	Date of onset
Chr. proliferative arthritis for deformans generalized, involv- all large and small joints.	yrs. ?
Chr. endocarditis, Chr. myocarditis, mitral insufficiency. Chr. interstitial nephritis, Chr. albuminuria. Chr. cholecystitis, Secondary; Anemia, uremia, uremic coma.	11/6 35

Other contributory causes of importance

Name of operation: cli and lab — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) [signature], M. D.

(Address) 3718 Jennings Rd.

11/30/35

JUL 6 - 1948