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.

DEC 12 1935

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

Do not use this space.

791

37857

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 9834

City St Louis (No. We Paul Hospital St. ..... Ward)

2. FULL NAME Donna Hoffmeyer

(a) Residence, No. 2231 Blendon St., 4 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) Nov 22 1935

7. AGE YEARS MONTHS DAYS 1 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. .....

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

FATHER

13. NAME Otto Hoffmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco Texas

MOTHER

15. MAIDEN NAME Emilie Teinert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copperas Cove Texas

17. INFORMANT (ADDRESS) Otto Hoffmeyer 2231 Blendon Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St Trinity DATE Nov 25 1935

19. UNDERTAKER (ADDRESS) Biedenwieden Funeral Home 1936 St Louis Ave

20. FILED NOV 25 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1935, to Nov 23, 1935

I last saw her alive on Nov. 23, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Premature Birth

Date of onset

159

Other contributory causes of importance:

— Failure of Respiratory center

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) H. L. Gibbs, M. D.

(Address) 5298 Page

J 298 Page

F. L. Gibbs

4915 [illegible] Ave.