

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No. 1721, N. 10 St.)

791
1003

37888

File No.

Registered No. 9867

St. Ward)

2. FULL NAME

Caroline Hoffman

(a) Residence, No. 1721 N. 10 St. St. 26 Ward.

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sebastian Hoffman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1850		
7. AGE YEARS 85	MONTHS 3	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home		
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) Germany		
13. NAME Joseph Silberer		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Joseph R. Hoffman (ADDRESS) 1721 N. 10 St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calgary DATE 11-27-1935		
19. UNDERTAKER (ADDRESS) H. A. Stock and Co. 2117 E. Grand Blvd. NOV 25 1935		
20. FILED J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from

NOV 1, 1935, to Nov 24, 1935

I last saw him alive on Nov. 24, 1935 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Date of onset

CIRRHOSIS
OF LIVER 1934

Other contributory causes of importance:

CHRONIC 1246 1934

Name of operation
cholecystitis
no gallstones

Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

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) Francis Weller, M. D.

(Address) 4114 W. 7 LORISSA

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.

Mr. Medley
Harris & Co.

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