

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.

JUL 14 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 491

Do not use this space.

24215

1. PLACE OF DEATH

County _____ Registration District No. **1003**
Township _____ Primary Registration District No. _____
City St. Louis (No. 3224, Cherokee) St. _____ Ward _____

File No. _____
Registered No. **5822**
St. _____ Ward _____

2. FULL NAME

Johanna Hoffmeister
(a) Residence, No. 3224 Cherokee St., 16 Ward. (If nonresident, give city or town and State)

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 <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Hoffmeister</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6 1860</u> | | |
| 7. AGE | YEARS <u>76</u> | MONTHS <u>4</u> |
| | DAYS <u>25</u> | IF LESS than 1 day,hra. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> | |
| | 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) <u>St. Louis, Mo.</u> | | |
| FATHER | 13. NAME <u>William Brasse</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT (ADDRESS) <u>Henry Hoffmeister 3224 Cherokee St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peterslen</u> DATE <u>6-4-36</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Witt Bro. & Co. 2929 S. Jefferson Ave.</u> | | |
| 20. <u>JUN 4 1936</u> Registrar. <u>J. H. Bredeck</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY That I attended deceased from May 15, 1936 to June 1, 1936
I last saw her alive on May 30, 1936 Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset 5-31-36

Other contributory causes of importance:
arteriosclerosis embolism

Name of operation none Date of _____
What test confirmed diagnosis? exam 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 _____
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) W. S. Brander, M. D.
(Address) 3218 S. Grand.

