

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**Township
City **St. Louis**Primary Registration District No. **1003**
(No. **5124 Emelie Ave.**)

File No. **24310**
Registered No. **5924**
St. Ward)

2. FULL NAME

Katherine A. Hoffmann(a) Residence, No. **5124 Emelie Ave.** St. **7** Ward.

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. (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*) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 29, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 6 9

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. **at home**
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.**13. NAME **Wm. F. Hoffmann**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Gernsby**

MOTHER 15. MAIDEN NAME **Sophia Soeder**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Wm. Hoffmann 5124 Emelie Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Zions Cemetery** DATE **June 10, 1936.**19. UNDERTAKER (ADDRESS) **Wm. F. Paschedag 2825 N. Grand Blvd.**20. FILED **JUN 8 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8, 1936**

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1936, to June 7, 1936I last saw him alive on **June 7, 1936** Death is saidto have occurred on the date stated above, at **8:30 A.M.**

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

Date of onset

Chronic myocarditis and chronic nephritis 6/7/36

Other contributory causes of importance:

13/1 Chronic myocarditis and chronic nephritis 6/10/35Name of operation **none** Date ofWhat test confirmed diagnosis? **renal cysts** Was there an autopsy? **no**

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

Accident, suicide, or homicide? **no** Date of injury, 19Where did injury occur? **A** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **A**Nature of injury **A**24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Wm. T. Heischel**, M. D.(Address) **5500 N. Grand**

