JUL 14 1936

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

791
1003

Do not use this space.
24834

File No.
Registered No. 6488

1. PLACE OF DEATH
County
Registration District No.
Township
Primary Registration District No.
City St. Louis, Missouri City Hospital No.1 (No. , St. Ward)

B. 4299
2. FULL NAME Clara Hoffman
(a) Residence, No. 4145 Maffitt St., Ward.
(Usual place of abode) (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: 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 James F. Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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, Missouri

FATHER
13. NAME Charles Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Pauline (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Hospital Information
(ADDRESS) H.H.Kent, City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marcus DATE june 27, 1936

19. UNDERTAKER Edith E. Ambruster
(ADDRESS) 4234 Manchester Ave.

20. FILED JUN 26 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/24/36, 19 to 6/25/36, 19
I last saw her alive on 6/25/36, 19 Death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Pulmonary Tuberculosis	

Other contributory causes of importance: JS

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) [illegible], M. D.
(Address) City Hospital No.1

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD