

JUL 27 1936

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

Do not use this space.

20

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Richmond Hts (No. St. Marys Hospital)

Registration District No. 1170
Primary Registration District No. 62484

File No. 25135
Registered No. 174
St. _____ Ward _____

2. FULL NAME Katharine Hoffman

(a) Residence, No. _____ St., _____ Ward. Perryville, Mo.
(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 F 4. COLOR OR RACE W 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) Jan 27, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Perryville Mo.

FATHER 13. NAME Linus Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

MOTHER 15. MAIDEN NAME Nester Ernst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

17. INFORMANT Linus Hoffman (ADDRESS) Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE June 22, 1936

19. UNDERTAKER D. Lehmann Harris (ADDRESS) 1905 James A. Hart

20. FILED June 27, 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 18, 1936 to June 21, 1936
I last saw h. or alive on June 20, 1936. Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

Meningitis (Pneumococci)
Date of onset _____
Other contributory causes of importance: Acute upper respiratory infection

Name of operation _____
What test confirmed diagnosis Culture of Sputum Was there an autopsy? no

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) L. P. Collins, M. D.
(Address) 4500 Olive

7705 Weston Pl. Hi 1176

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

File No. _____

Township _____

Primary Registration District No. 6248H

Registered No. 174

City Richmond Hts (No. _____)

St. _____ Ward _____

2. FULL NAME Katherine Hoffman

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 24

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED June 22, 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

meningitis-pneumo-coccus Date of onset _____

Other contributory causes of importance:

acute upper respiratory infection

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) L. L. Collins, M. D.

(Address) 4500 Olive

S-25135

RECEIVED