

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.

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

AUG 18 1936

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis** (No. **City**)

Ward **24**

28484

File No.

Registered No. **7248**

2. FULL NAME

(a) Residence, No. **2205 Reelbuk** St. **24** 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 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 Emil Hofmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 1864		
7. AGE	YEARS 71	MONTHS 6
	DAYS 14	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife	
	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) Romania		
FATHER	13. NAME Andres Pfaff	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Romania	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11	
17. INFORMANT (ADDRESS) Emil Hofmann 2205 Reelbuk St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE No. Crematory DATE 9-16-36		
19. UNDERTAKER (ADDRESS) Walt Brown, 2424 S. Jefferson Ave.		
20. FILED JUL 15 1936 Registrar J. F. Bredeck		

11. Physician's Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13 1936**

22. I HEREBY CERTIFY that I attended deceased from 19....., to 19.....

I last saw h..... 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:

Heat Stroke

Date of onset

Other contributory causes of importance: **191**

Name of operation Date of
What test confirmed diagnosis? 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) **[Signature]** M.D.
(Address) **[Address]**

11/15/36

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