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

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.

AUG 18 1936

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

Do not use this space.

28996

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Christian Hospital St. ..... Ward)

File No. 7766

Registered No. .....

2. FULL NAME Christie Hoffman

(a) Residence, No. 4011 Greer Ave. St., 10 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: William A. Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 24, 1872

7. AGE: YEARS 63 | MONTHS 6 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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): Boone Co. Mo.

FATHER

13. NAME: Byron C. Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Emma Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockford Ill.

17. INFORMANT (ADDRESS): William A. Hoffman, 4011 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE July 23, '36

19. UNDERTAKER (ADDRESS): A. Kron L & U. Co. 2707 N. Grand Blvd.

20. JUL 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1936, to 7-20, 1936

I last saw her alive on 7-20, 1936 Death is said to have occurred on the date stated above, at 9:20 P m.

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

	Date of onset
Surgical shock	

Other contributory causes of importance:

Gangrenous bowel caused by strangulated femoral hernia

Name of operation for strangulated hernia 7-20-36

What test confirmed diagnosis? Yes 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 5074 Union Blvd