MAR 5 - 1937

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 File No. 8529

Township ..... Primary Registration District No. 1003 Registered No. 1984

City St. Louis, Mo. (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Marie Hoffman

(a) Residence, No. 4231 a Vista Ave., St., 18 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 Howard Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 23

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) Steelville Mo.

FATHER

13. NAME Thomas Barnicle

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

MOTHER

15. MAIDEN NAME Amanda Ball

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

17. INFORMANT (ADDRESS) Howard Hoffman 4231a Vista Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram DATE 2/16/37 19

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

20. FILED FEB 16 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Feb. 14, 1937

I last saw her alive on 2-14-37, 1937. Death is said to have occurred on the date stated above, at 12.06 A.M.

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

	Date of onset
Peritonitis	1-20-37
Other contributory causes of importance:	
Carcinoma of Uterus.	Oct '36

Name of operation Implantation of Radium Date of Dec. '36.

What test confirmed diagnosis? Biopsy X-Ray 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) Floyd Stewart, M. D.

(Address) Chemical Bldg.

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.

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Dr. Stewart
Chemical Bldg
Oct 6, 38
12-6