APR 9 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. 10545

Township ..... Primary Registration District No. 1003 Registered No. 3119

City Saint Louis, Missouri. (No. 3334 Texas Ave. St. ..... Ward)

2. FULL NAME Rose Hoffmann.

(a) Residence, No. 3334 Texas Ave. St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10th, 1873.

7. AGE: YEARS 64 MONTHS 0 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

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) Saint Louis, Missouri.

FATHER

13. NAME Richard Hoffmann.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) William Seidel 3334 Texas Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk. DATE March 22nd, 1937

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee Street.

20. FILED MAR 22 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934, to March 20, 1937

I last saw her alive on Mar. 19, 1937 Death is said to have occurred on the date stated above, at 7:45A m.

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

	Date of onset
Endocarditis (chronic)	9/1934

Other contributory causes of importance:

Anasarca	Jan 1937

Name of operation ✓ Date of —

What test confirmed diagnosis? Clinical 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) P. Buchbauer, M. D.

(Address) 3147 S. Jeff. Ave.

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.

100M-11-2-33