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.

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 293 — File No. 11810
Township Bales — Primary Registration District No. 5411 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME ANNA MAE DOMHOFF
(a) Residence, No. 5379 Theodosia Ave. 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 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) July 15 1872
7. AGE 80 — YEARS 64 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) St Louis Mo

FATHER
13. NAME Herman Domhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Puls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John F Domhoff East St Louis Ill
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Mch 20 1937
19. UNDERTAKER (ADDRESS) Beidermeier Funeral Home 1936 St Louis Ave
20. FILED 3-20 1937 G E Gross Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1937
22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1937, to 3-17, 1937
I last saw her alive on 3-17, 1937. Death is said to have occurred on the date stated above, at 6 45/a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	3-16-37
Other contributory causes of importance:	
Myocardial Failure	3-16-37

Name of operation None Date of ✓
What test confirmed diagnosis? Urinary 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) Wm. Denny, M. D.
(Address) Union

Removal to St. Louis by Otto & Co. Washington, M.