

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

Do not use this space.

AUG - 3 1937

25455

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 4567A Wichita) Registration District No. 791
Primary Registration District No. 1003 File No. 6629
Registered No. 6629 St. _____ Ward _____

2. FULL NAME Katherine Barbara Hoffmann

(a) Residence, No. 4567A Wichita St. 18 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 F	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. Frederick Hoffmann				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1951				
7. AGE YEARS 85	MONTHS 11	DAYS 13	IF LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil				
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.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1937

22. I HEREBY CERTIFY, that I attended deceased from 1931, 19... to July 8, 1937

I last saw her alive on July 8, 1937 Death is said to have occurred on the date stated above, at 11:40 A.m.

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

Myocardial Degeneration
Emile
Diabetes mellitus
Arterio. Sclerosis
Date of onset 25 yrs

Other contributory causes of importance:

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? no
If so, specify..... (Signed) Diabold, M. D.

(Address) Carlton Bldg

MOTHER FATHER OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
13. NAME <u>Adam Autenrieth</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Barbara Rockenhauser</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Miss Clara Hoffman</u> (ADDRESS) <u>4567 A Wichita</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cemty</u> DATE <u>7/10/37</u>
19. UNDERTAKER <u>Louis A Bopp</u> (ADDRESS) <u>Wichita Mo.</u>
20. FILED <u>9 1937</u> 19 <u>J. Bredeck</u> Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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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