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 -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 1008

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

City St. Louis, Mo. (No. 645 Red Bud Ave. St. ..... Ward)

File No. 25647

Registered No. 6821

2. FULL NAME Mary M. Hohmann.

(a) Residence, No. 645 Red Bud Ave. St., 9 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): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Wm. F. Hohmann.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1859.

7. AGE: 78. YEARS: MONTHS: 5. DAYS: 0. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME William Peters.

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) Wm. F. Hohmann. 645 Red Bud Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens. Cem. DATE July 17, 1937.

19. UNDERTAKER (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937, to July 14 1937

I last saw her alive on July 14, 1937. Death is said to have occurred on the date stated above, at 10.00 A.M.

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

	Date of onset
Pulmonary	
Oedema	2da
Other contributory causes of importance:	
Chr Myocarditis	?

Name of operation none clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) E. M. Schmidt, M. D.

(Address) 6704 W F Conrad