

JAN 10 1938

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

43603
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Anna Hoffmann**

(a) Residence, No. **4431 Pennsylvania** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 22 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 29

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

9. Industry or business in which work was done, as saw mill, bank, etc. **2 1**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

13. NAME **Schneider 10**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Not Known**

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

17. INFORMANT (ADDRESS) **Wm. Hoffmann 4431 a Pennsylvania**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset** DATE **Dec. 24 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schumacher 3013 Meramec St.**

20. FILE **DEC 24 1937** **J. E. Bredlesh** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 21 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 20 1937**, to **Dec 21 1937**

I last saw him alive on **Dec 20 1937**. Death is said to have occurred on the date stated above, at **11:20 P.M.**

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

Chronic Myocarditis

Date of onset **2**

Other contributory causes of importance:

General Arterio Sclerosis

2

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 **J. Louis Schuchat**, M. D.
(Address) **2200 Chouteau av**

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.

877

2200 Chippendale
12-20-66

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence J. Rochow

Licensed Embalmer No. 3093

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)