

RECORDED MAR 24 1938

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

8245
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis. Registration District No. 96
(b) Township Central Primary Registration District No. _____ Registered No. 389
(c) City Wellston. (d) Street No. 6426 Chatham Ave. 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

Marcella Hofer. 160
(a) Residence, No. 6426 Chatham Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Hofer.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1876.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61. 11. 12.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as 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) Ireland. 5

FATHER 13. NAME Martin Scally 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Westmeath Ireland. 5

MOTHER 15. MAIDEN NAME Unknown.

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

17. INFORMANT Benjamin Hofer.
(ADDRESS) 6426 Chatham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE March 4 1938

19. FUNERAL DIRECTOR Jos. W. Clark.
(ADDRESS) 1125 Hodiament Ave.

20. FILED 33 1938 G. R. Meyer M.D. M.P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 1, 1938
I last saw h. or alive on 6-20-37, 1937. Death is said

to have occurred on the date stated above, at 8.30pm
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Distention Date of onset 1/31

Other contributory causes of importance:
Chronic arteriosclerosis of arteries.
Goiter already.

Name of operation _____ 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? _____
If so, specify _____
(Signed) William T. Dean, M. D.
(Address) 1506 Hodiament Ave.

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.

STATEMENT BY LICENSED EMBALMER

I, A. J. Neely., Licensed Embalmer No. 3225.

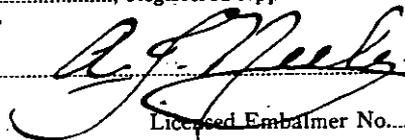
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 3225.

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.)