

REC'D JUN 7 1938

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

19596

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis. Registration District No. 784
 (b) Township Carsonville Primary Registration District No. 200
 (c) City..... (d) Street No. St. Louis County Hosp. Registered No. 829
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Mary A. Hoffman 153

(a) Residence, No. 2617 Carson Road 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 Fred Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Westphalia Mo.FATHER 13. NAME Phillip Luecke 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6MOTHER 15. MAIDEN NAME Theresia Ehrentrop16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Fred Hoffman
(ADDRESS) 2617 Carson Road

18. BURIAL, CREMATION, OR REMOVAL

NEW PAGE Peter and Paul Cem. May 11, 193819. FUNERAL DIRECTOR J. H. Gelpke & Son
(ADDRESS) 2630 Garvois Ave.20. FILED 5-8 1938 St. Louis Co. Hosp.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 193822. I HEREBY CERTIFY, That I attended deceased from 4-14, 1938, to May 8, 1938I last saw her alive on May 8, 1938 Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Chronic degenerative Myocarditis Diabetic gangrene Osteomyelitis 3-4-5 metatarsals
 Date of onset (?) 1934 4-20-38

Other contributory causes of importance:

Amputation R leg mid thigh 5/6/38Name of operation Amputation Date of 5/6-38What 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) George Lovelace, M. D.(Address) St. Louis Co. Hosp.
Clayton, Mo.

STATEMENT BY LICENSED EMBALMER

I, Heraman A. Gebken, Licensed Embalmer No. 2120

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 Heraman A. Gebken

Licensed Embalmer No. 2120

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.)