

35 MAR 13 1939

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

5177
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **1870**
(c) City St. Louis, Mo. (d) Street No. # 2115^a Allen 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 Laura M. Hoffmann

(a) Residence, No. # 2115^a Allen Ave St. 23 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 6 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 x 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Buyer for Suggs Store
9. Industry or business in which work was done, as saw mill, bank, etc. Suggs Store
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) Carlyle, Illinois

FATHER 13. NAME Conrad Hoffmann

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

MOTHER 15. MAIDEN NAME Margaret Kehm

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

17. INFORMANT (ADDRESS) Oscar B. Fischer #526 Purdue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Feb - 28th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Lupton #7233 Delmar Blvd.

20. FILED FEB 27 1939 J. P. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 to 7-25, 1939
I last saw her alive on 2-24, 1939 Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Date of onset 7/14/39
Other contributory causes of importance: Hypertension

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 of injury in any way related to occupation of deceased?
If so, specify
(Signed) Clayton S. Sauer, M. D.
(Address) 320 Grand 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.

Miss Sheeple Body
83 - 5191
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St Louis, Mo

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.)
If this body is not embalmed, above space should be left blank.