

MAY 11 1939

REC'D JUN 8 1939

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

19778
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. (11)
 (c) City Richmond Hights., Mo (d) Street No. St. Marys Hospital Registered No. 865
 (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 Nettie Hofmann
 (a) Residence, No. 6224 Ella Ave. St. Wellston, Mo.
 (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 William H ofmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1870.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Housework
 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) Missouri

FATHER
 13. NAME Gerhard Hermsen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Mary Cunder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss. Sophia Hofmann
 (ADDRESS) 6224 Ella Ave.,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem., DATE May 13/39.

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

20. FILED MAY 11 1939
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10/39 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1939, to May 10 15, 1939
 I last saw her alive on May 10 15, 1939 Death is said to have occurred on the date stated above, at 4:44 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic endocarditis
Chronic myocarditis
Hypertensive Pneumonia
 Date of onset

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis None 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) James J. Reilly, M. D.
 (Address) 6125 Barton Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-37 I X12804

STATEMENT BY LICENSED EMBALMER

I, *Jas. W. Beork* , Licensed Embalmer No. *1661*

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

..... I. E.

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

working under my personal supervision.

Signed *Jas. W. Beork*

Licensed Embalmer No. *1661*

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.)