DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37772

Registration District No. 1791 Primary Registration District No. Registrar's No. 9611

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2305a Arsenal St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2305a Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ANNA HOFFMANN 155

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Hoffmann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 3, 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	7	hr. min.

9. Birthplace Milstadt, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Francis Marshall 9
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Bosjay
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Hoff
(b) Address 2305a Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13-39 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director M. E. Maydell
(b) Address 1926 Allen Ave.

19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 10 year 1939 hour 2 A minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug. 6-1939, 19..., to Nov. 8, 1939, that I last saw he alive on Nov. 8, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 m
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. E. Timeson M.D. (M. D. or other)
Address 2340 L. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X9511

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.