

SEP 25 1940  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1927 Congress 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lena Hoffman 155  
3. (b) If veteran, name war ---  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January 27, 1863  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>5</u>	hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Henry Hoffman  
18. Birthplace France 7  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Pilger  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Anna B. Conrad  
(b) Address 1927 Congress

17. (a) Burial (b) Date thereof 8/5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation N. St. Marous

18. (a) Signature of funeral director Wacker-Welshert  
(b) Address 2331 S. Broadway

19. (a) AUG 2 1940 (b) J. F. Brudack  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1927 Congress  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. .... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1940 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 10, 1939, to August 1, 1940, that I last saw her alive on August 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis  
Duration 1 1/2

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm. F. Simon (M. D. certifier)  
Address 1115 Victor St. Date signed 8.2.40

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 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..... *Robert Wheeler* .....

Licensed Embalmer No. *2128* .....

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.**