

No. 2
13-40
17-39
K23199

NOV 16 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8371**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1917 Virginia Ave **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna S. Hoffman
 3. (b) If veteran, name war..... none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 23 1872
(Month) (Day) (Year)

8. AGE: Years xxj 68 Months xxx6 Days 6 15 hr. min.

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

10. Usual occupation nil

11. Industry or business.....

MOTHER { 12. Name David Hoffman
 13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Anna Devore
 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant.....
 (b) Address 1917 Virginia

17. (a) Burial (b) Date thereof 10/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director.....
 (b) Address E. J. Schnur 3125 Lafayette

19. (a) OCT 8 1940 (b) J. J. Brudick
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County.....
 (c) City or town St. Louis, **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1917 Virginia
(If rural, give location)
 (e) If foreign born, how long in U. S. A?..... years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 8th
 year 1940 - 4 hour 30 minute 7 M.

21. I hereby certify that I attended the deceased from November 2, 1937 to October 8, 1940
 that I last saw her alive on October 8, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
① Bronchopneumonia left **3 days**

Due to metastases to left lung with pleural effusion. **5 weeks**

Due to Carcinoma left breast with metastases metastases lumbar spine **3 years**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations HA
 Of autopsy HA

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) no
 (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) (c) Means of injury.....

23. Signature D. J. Verba (M. D. or other).....
 Address Barnard Skin and Cancer Date signed 10-8-40

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 *Jose B. Hollman*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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, fact should be so stated above.