

No. 2
13-40
17-39
X23159

Registration District No. **791** Primary Registration District No. **1002**

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:
2908 Michigan Ave.
(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) **2**

3. (a) PRINT FULL NAME **Elizabeth Hoffmann**
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 **Widow**
6. (b) Name of husband or wife **Henry W. Hoffmann** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 15 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **15** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **John Hechinger**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Viola Hollmer**

(b) Address **2908 Michigan**

17. (a) **Burial** (b) Date thereof **1/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker's Cem.**

18. (a) Signature of funeral director **E. J. Schnur**

(b) Address **E. J. Schnur 2125 Lafayette**

19. (a) **DEC 31 1940** (b) _____
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **2908 Michigan Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30**
year **1940** hour **5:40** minute **P** M.

21. I hereby certify that I attended the deceased from **December 30, 1940** to **December 30, 1940**
that I last saw her alive on **December 30, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis 1 day**
Due to **Chc. Myocarditis**
Chc. Endocarditis, Mitral
Chronic Nephritis (Glomerular)
Due to _____

Other conditions **Acute Indigestion,**
(Include pregnancy within 3 months of death)
cause unknown

Major findings:
Of operations **none**
Of autopsy **none** **131**

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)
(e) Means of injury **DOUBT**

23. Signature **[Signature]** (M. D. or other) **12-31-40**
Address **2767 Gurnee** Date signed **12-31-40**

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

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. Vollmer*
Licensed Embalmer No. *4014*
P. O. Address *3125 Lafayette*

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.