No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 283

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 283

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: 2711 N. Spring
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2711 N. Spring Ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dorothy Hoffman

3. (b) If veteran, name war no

3. (c) Social Security No. 490-03-9575

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased January (Month) 4 (Day) 1916 (Year)

8. AGE: Years 25 Months 0 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Brown Shoe Co.

FATHER
12. Name John Jameson
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Cluny
15. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Ruby Lynch
(b) Address 2711 N/ Spring Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan- 13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ethlyn, Missouri

18. (a) Signature of funeral director A Kron L & U Co
(b) Address 2707 N. Grand Blv'd 044

19. (a) JAN 12 1941 (Date received local registrar) (b) J. F. Budach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1941 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from January 9, 1941, to Jan 11, 1941; that I last saw her alive on Jan 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Valvular disease mitral stenosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature H. H. Feller M.D. (M. D. or other)
Address 3611 St Louis Ave Date signed 1-11-41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Knoelenberg

Licensed Embalmer No. 9681

P. O. Address 2707 N Grand

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.