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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4912
Registrar's No. 1160

Registration District No. 791

Primary Registration District No. 1003

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

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:
4359 Bates Str.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Caroline Sophia Hoffmann
3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Joseph Hoffmann 6. (c) Age of husband or wife if alive at death years
7. Birth date of deceased April 1st. 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 10 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Henry Tugel

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 Caroline Rawizza

(b) Address 4359 Bates Str.

17. (a) Burial (b) Date thereof Feb. 5th. 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of informant Caroline Rawizza
(b) Address 6207 Gravois Ave.

19. (a) FEB 4 1941 (b) J. W. Birdbeck
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 29
(If outside city or town limits, write "RURAL")
(d) Street No. 4359 Bates Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 89 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 2
year 1941 hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 2
1941, to Feb 2, 1941;
that I last saw her alive on Feb 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Due to Cerebral Embolism
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 0

23. Signature Adams Youngman (M. D. or other)
Address 439 Gravois Date signed 2/3/41

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:

Gay W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address:

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.