

REC'D MAR 11 1941

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **478**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Robert Koch Hosp. D  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 mo 19 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County 000  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3636 a Eastern 9  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 1 years.

**3. (a) PRINT FULL NAME** Edna M. Hoff  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
 name war \_\_\_\_\_ No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 28  
 year 1941 hour 3 minute 40 P.M.

**4. Sex** F **5. Color or** \_\_\_\_\_ **6. (a) Single, widowed, married,** \_\_\_\_\_  
 race W divorced Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years

**21. I hereby certify that I attended the deceased from** 11-9- 1940 to 2-28- 1941;  
 that I last saw her alive on 2-28-41, 1941;  
 and that death occurred on the date and hour stated above.

**7. Birth date of deceased:** \_\_\_\_\_  
 (Month) (Day) (Year)

**Immediate cause of death** Tuberculous Tuberculosis 9 mo  
 Duration

**8. AGE:** Year 17 Months 6 Days 1 If less than one day \_\_\_\_\_  
 hr. min.

**Due to** \_\_\_\_\_  
**Due to** 13.10

**9. Birthplace:** St. Louis (City, town, or county) 17 Mo (State or foreign country)

**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**10. Usual occupation:** none

**PHYSICIAN** \_\_\_\_\_  
**Underline the cause to which death should be charged statistically.**

**MOTHER FATHER**  
**12. Name:** Edna Hoff  
**13. Birthplace:** St. Louis (City, town, or county) 0 Mo (State or foreign country)  
**14. Maiden name:** Frieda Rahmann  
**15. Birthplace:** Germany (City, town, or county) (State or foreign country)

**Major findings:** \_\_\_\_\_  
 Of, operations \_\_\_\_\_  
**Of autopsy** Pat. Tuberculosis

**16. (a) Informant:** Mrs. Frieda Hoff  
**(b) Address:** 3636 Eastern  
**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof:** 3-3-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**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?** \_\_\_\_\_

**(c) Place: burial or cremation:** St. Peters Cemetery  
**18. (a) Signature of funeral director:** Walter Graf  
**(b) Address:** 4259 Franklin Blvd  
**19. (a) MAP 3 1941** (b) W. M. D. Hoff (Registrar's signature)  
 (Data received local registrar) (Licensed Embalmer's Statement on Reverse Side)

**23. Signature:** Edna Hoff (M. D. or other) \_\_\_\_\_  
**Address:** Robert Koch Hosp. **Date signed:** 3/14

**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 *Neal E Paulson*

Licensed Embalmer No. *4114*

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.**