

No. 2  
1-4-41  
17-3  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27215

State File No. \_\_\_\_\_

FILED SEP 17 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7007

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:  
1024 Fairmount  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE  
(Specify whether  
In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME Lena A. Hoffmann

3. (b) If veteran, name war. -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased July 31 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months \_\_\_\_\_ Days 30 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER { 12. Name Bocke Hoffmann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Clementine Schiernberg  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tietjen  
(b) Address 1024 Fairmount  
17. (a) Burial (b) Date thereof Aug. 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Beiderwieden Fun'l. Home  
(b) Address 1936 St. Louis Ave  
19. (a) AUG 29 1941 (b) J. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 417  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 1024 Fairmount  
(If rural, give location)  
(e) Citizen of foreign country? U. S. Born (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29  
year 1941 hour 6 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from April  
1940 to Aug 1 1941  
that I last saw her alive on Aug 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 4 yrs.  
Hypertension - m. dilatation 4 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic Tuberculosis 15 yrs  
(Include pregnancy within 3 months of death) (Pulmonary)

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?

Inc. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1  
23. Signature Alvah Weidener (M. D. or other) MD.  
Address 508 N Grand Date signed 8/29/41

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.....

*Walter G. Harniss*

....., Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

*Walter G. Harniss*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

**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.**