

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11234

FILED MAR 27 1946  
318

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2518

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:  
2756 S GRAVOIS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 3 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 999  
(c) City or town FAIRMOUNT CITY 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location) NR 2  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARIE ANNA 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 WIDOW

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

7. Birth date of deceased JAN. 29 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 1 15 hr. min.

9. Birthplace HUNGARY H  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business.....

12. Name JOSEPH GENALL

13. Birthplace HUNGARY 4  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA BOHNER

15. Birthplace HUNGARY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA HOFFMANN

(b) Address 2756 S GRAVOIS

17. (a) BURIAL (b) Date thereof 3-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. CARMEL CEM. 74

18. (a) Signature of funeral director Mrs. Ruthie R. ...

(b) Address 2906 GRAVOIS

19. (a) MAR 15 1946 (b) J. F. Brudeak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14  
year 1946 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from MAR. 8 19 46 to MAR. 14 19 46  
that I last saw her alive on MARCH 14 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Pneumonia hypostatic 2 days  
lobar  
Due to Uraemic Poisoning 6 days  
Leptobacterium 2 yrs.  
Due to diabetes mellitus 5 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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? None  
(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 None

23. Signature J. F. Brudeak (M. D. or other) MD  
Address 2767 Illinois Date signed 3-15-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
10146

**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 Ray Buddle  
Licensed Embalmer No. 3989  
P. O. Address St. Louis, Mo.

**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.**