S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43137

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11950

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 6-20

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

(d) Street No. 3329a Texas Ave 9
(If rural, give location)

Memorial 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUISE HOFFMAN

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 Carl Hofmann

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

7. Birth date of deceased Jan (Month) 20 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	7	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Hartmann 0
13. Birthplace Unk. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Magdalena Unk. 7
15. Birthplace Germany (City, town, or county) (State or foreign country) 1

16. (a) Informant Nick Hofmann
(b) Address 2330 Woodson Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Witt Bros L & U Co
(b) Address 2929 S. Jefferson

19. (a) DEC 30 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/7/47
, 19, to Dec. 27th, 1947
that I last saw her alive on Dec. 27th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Cardiac failure

Due to arteriosclerotic heart disease

Other conditions Psychosis c̄ cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia, right lung base

Duration

PHYSICIAN

Underline the cause of 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

23. Signature [signature] (M. D. or other)

Address 1515 Lafayette Date signed 12/29/47

Jefferson City Printing Co.

(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 D. M. Davis

Licensed Embalmer No. 324

P. O. Address 2929 [illegible]

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.