S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6087

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1660

WRITE PLAINLY—USING 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 7014 Morganford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7014 Morganford
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Boll
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Rudolph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 7, 1874 (Month) (Day) (Year)

8. AGE: Years 73 | Months 2 | Days 8 | If less than one day hr. min.
9. Birthplace Millstadt (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at Home
FATHER
12. Name George C Hoffman
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amalia Bangert
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Louis Boll
(b) Address 7014 Morganford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois
FEB 18 1948
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 15, year 1948 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from January, 1946 to Feb. 15, 1948; that I last saw her alive on Feb. 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Hours
Due to: Hypertension	Jan 46 +
Due to: Generalized Arteriosclerosis	Jan 46 +
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Bernard F. Kraus M. D. or other MD
Address 4755 Morganford Road St. Louis 16, Mo. Date signed 2/17/48

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 Frank I Owen

Licensed Embalmer No. 2245

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.