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-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 38239

FILED DEC 2 1948 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10116

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: 3830 Indiana (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3830 Indiana (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Maria 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 2 Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 25 (Day) 1881 (Year)

8. AGE: Years 66 Months 10 Days 23 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Thomas Knirsch
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Not Known
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant William C Hoffmann
(b) Address 3830 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director JOhn L Ziegenhein & Sons
(b) Address 7027 Gravois Ave.
19. (a) NOV 22 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1948 hour 8 minute 41 p.m.

21. I hereby certify that I attended the deceased from Nov 2, 1948, 19, to Nov 8, 1948 that I last saw her alive on Nov 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	3 wks
Terminal - Tachycardia	1 wk
Due to Hypertensive Heart Disease	5 yrs
Arteriosclerotic Heart Disease	10 yrs ?
Due to Diabetes Mellitus	?
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 John V. Lawrence (M. D. or other) MD
Address 4534 West Pine Blvd Date signed 11/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Louis (8) Mo

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 W. G. Peterson

Licensed Embalmer No. 3637

P. O. Address 7027 Gravois

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.