S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942
Registration District No. 113

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4464

State File No. 22186

Registrar's No. 76

94 4 1

1. PLACE OF DEATH:

(a) County St. Francois (Farmington)
(b) City or town Near Farmington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. mo. 10 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94
(c) City or town 6234 Lenox, St. Louis (If outside city or town limits, write "RURAL") 4
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SALLIE HOFFMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Feb. (Month) 28 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name George Sandall

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

MOTHER

14. Maiden name Augusta Chambers

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

16. (a) Informant Records of State Hosp. #4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, St. Louis, Mo

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address St. Louis, Mo.

19. (a) June 9-1942 (Date received local registrar) (b) Byrdie Dunnaster (Registrar's signature)

1196

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2 year 1942 hour 8 minute 55 A M.

21. I hereby certify that I attended the deceased from 11-19 1937 to 6-2- 1942 that I last saw h. er alive on 6-2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Immediate cause of death Pneumonia arteriosclerosis	2 days
Due to	
Due to 97	
Other conditions Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	1 Yrs.

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? (Specify type of place)
While at work (e) Means of injury

23. Signature Paul J. Schneider (M. D. or other) MD
Address Farmington Mo Date signed 6-2-42

RECEIVED
District Health Officer No. 4
District File Number 742-849
Date Filed 1-9-42

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 Leonard W Keagan

Licensed Embalmer No. 2678

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.