

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

12971  
Do not use this space.

3313

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. 4163@ S. Compton Avenue St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4163@ S. Compton Avenue St. 15  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stoffel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1859  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
79 5 18  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, O.

FATHER 13. NAME Peter Hoffmann.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know  
 MOTHER 15. MAIDEN NAME Dont know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know  
 17. INFORMANT EdwardcStoffel.  
 (ADDRESS) 4163@ S. Compton Avenue  
 18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul Cem. DATE April 11, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. ... 2842 Ceramic Street  
 20. FILED APR 9 1939 J. F. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 16th 1936 to April 7th 1939  
 I last saw her alive on April 7, 1939. Death is said to have occurred on the date stated above, at 12.45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Hepatic Hypertrophy  
Since July 16th 1936  
 Date of onset

Other contributory causes of importance: ✓

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) Albert A. Gekhardt M. D.  
 (Address) 63438 Chiffon st.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 10605

**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..... *Herman A. Gebken* .....

Licensed Embalmer No. 2120.....

2842 Meramec Street

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, above space should be left blank.**