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

Do not use this space.

38114

N 23 1928

1. PLACE OF DEATH

County St Louis — Registration District No. 790 — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 360

City Richmond Hts (No. St. Marys Hospital St. Ward)

2. FULL NAME John William Hofson

(a) Residence. No. 6749 Bartmer St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — — —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-24-96

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	10	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Banker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John J Hofson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Florence McMurry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Florence Hofson
(Address) 6749 Bartmer

15. FILED 12/20 1927 J. B. Sudderth
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 8 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6145 Bartmer
Homicide by parties unknown
bullet entering front of neck
pericing through jugular vein
lodging in left shoulder
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) causing hemoridge
(duration) 1 yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1 3 1 0 3 B

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

12/20 (Signed) Louis H Bogg, M.D
, 1927 (Address) 131 Wargowne, Kirkwood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla — DATE OF BURIAL: 12-22-1927

20. UNDERTAKER: Drehmann Harral — ADDRESS: 1906 Union

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.