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

Do not use this space.

38224

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10866

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME Mr. Ferdinand Hoffmann.

(a) Residence. No. 3928 Dover Place. St., 1 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Hoffmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 14th. 1861

7. AGE: 66 YEARS | MONTHS: 7 | DAYS: 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Time- keeper/

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Anne Woltering
(Address): 3928 Dover Place

15. FILED DEC -5 1927 Mark Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 3, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Dec. 3, 1927, that I last saw him alive on Dec. 3, 1927, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis 6 15 AM

131
930 129 A

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory

(Signed) R. V. Powell M.D

12/3, 1927 (Address) 512 Beaumont Bldg.

*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: S. S. Peter and Paul Cemetery | DATE OF BURIAL: Dec 6 1927

20. UNDERTAKER: J H Gelxen L and N Co | ADDRESS: 2842 Marmaduke

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.