

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis, Mo.

Registration District No. 791
 Primary Registration District No. 1003
 No. 4518 Arsenal Street

File No. 25975
 Registered No. 7839
 St. Ward)

2. FULL NAME Sigmund Hoffmann

(a) Residence. No. 4518 Arsenal Street St. 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rosa Hoffmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>0</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cafe Owner
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

10. NAME OF FATHER Thomas Hoffmann

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

12. MAIDEN NAME OF MOTHER Elizabeth Holzinger

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

14. INFORMANT Rosa Hoffmann
 (Address) 4518 Arsenal

15. FILED JUL 30 1923
 REGISTRAR W. C. Stark

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28th, 1928

I HEREBY CERTIFY, That I attended deceased from July 28, 1928 to July 28, 1928 that I last saw him alive on July 28, 1928, and that death occurred, on the date stated above, at 8:22 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis Sub Acute with effusion

17. CONTRIBUTORY (SECONDARY) Nephritis Chronic not Relieved by medical treatment
Pericarditis + Nephritis

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH, DID OPERATION PRECEDE DEATH? No. DATE OF July 28, 1928

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Pupils Exam

(Signed) Henry W. Witter, M.D.
 (Address) 3400 California

*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 SS. Peter & Paul DATE OF BURIAL August 1, 1928

20. UNDERTAKER Wacker - Felder ADDRESS 2337
S. Bradley

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X. 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.

