27 1928

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

Do not use this space.

28453

1. PLACE OF DEATH
County St Louis
Township Central
City University City (No. 7172 Pershing Ave St. Ward)

Registration District No. 1160
Primary Registration District No. 4470

File No. 83
Registered No.

2. FULL NAME Philip Hoffman
(a) Residence. No. 7172 Pershing Ave St., 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)~~: Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred May Hoffman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-26-1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	1	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant Tailor
(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 Philip Hoffman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Geo. Newman
(Address) 7458 Teasdale

15. FILED 8-27, 1928 E. Lillian Brunn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to Aug 23rd, 1928, that I last saw him alive on Aug 22, 1928, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
131
32A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(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? Clinical
(Signed) S. A. Peake, M.D.
8-25, 1928 (Address) 705 N Kings Highway

*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 Cem
DATE OF BURIAL: Aug 28 1928

20. UNDERTAKER: Alexander & Sons
ADDRESS: 6175 Delmar

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.