

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

Do not use this space.

31781

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Mullanphy Hosp)

File No.
Registered No. 9031
St. Ward)

2. FULL NAME Robert R. Hoffmann

(a) Residence. No. 1819 N. Grand Blvd. 11 Ward.

(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 Maggie Hoffman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 — 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) Charville
(STATE OR COUNTRY) Ill

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT George A Hoffman
(Address) 4269 Penrose

15. FILED SEP - 8 1927 Registrar Max C. Stanley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1928

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to Sept 9, 1928 that I last saw him alive on Sept 8, 1928, and that death occurred, on the date stated above, at 9:28 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mental Degeneration
12/1
92A about 5 yrs. mos. ds. (duration)
CONTRIBUTORY Hypertensive Chronic (SECONDARY) about 5 yrs. mos. ds. (duration)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH ..
DID AN OPERATION PRECEDE DEATH? .. DATE OF ..

WAS THERE AN AUTOPSY? ..

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. H. Cook, M. D.
, 19 (Address) 4000 Grand

*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 Bellefontaine Cem DATE OF BURIAL 9/11 1928

20. UNDERTAKER A. Kron L & M. Co ADDRESS 2207 N. Grand Blvd

K. 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.

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

