

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

Do not use this space.

38907

1. PLACE OF DEATH

County.....
 Township.....
 City.....
 Registration District No.....
 Primary Registration District No.....
 File No.....
 Registered No. 1574.....
 St..... Ward)

2. FULL NAME

William C. Hoff
 (a) Residence No. 4219 W. Natural Bridge!!
 (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) Jan. 25-1922

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	3	10	1	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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.

10. NAME OF FATHER Edw. Hoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Frieda Ziskel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT J. W. Kerner
 (Address) Coroner's Office

15. FILED 1922
 1922 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1928
 17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at 417 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Shock & Burns
 due to (1st degree)
 Ignited (duration) yrs. mos.
 CONTRIBUTORY Cause and cause of same could not be ascertained
 (SECONDARY) (duration) yrs. mos.

18. WHERE WAS DISEASE CONTRACTED No Burning Bedg.
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D.
 1928 (Address) Dep. Coroner

*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 St. Peter's Cemetery
 DATE OF BURIAL 11/28 1928

20. UNDERTAKER Helen M. Dickman
 ADDRESS 3039 Easton

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

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.

