MAR 27 1929

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.

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

Do not use this space.

7865

1. PLACE OF DEATH

County St Louis — Registration District No. 189 — File No.

Township Central — Primary Registration District No. 6033 B. — Registered No. 16

City (No. 1544 Ferguson Ave St. Ward)

2. FULL NAME Frank F. Hoffmann

(a) Residence. No. 1544 Ferguson 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 Sarah Hoffmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 1867

7. AGE: Years 61 — Months 4 — Days 21 — If LESS than 1 day, hrs. or min.

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

PARENTS
10. NAME OF FATHER Joseph Hoffmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Julia Hils
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Sarah Hoffmann
(Address) 1544 Ferguson Ave.

15. FILED 3/1 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1929, to Feb 28, 1929 that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at 7.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrage
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 5 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) Merle Bone, M.D.
Feb 28, 1929 (Address) 1492 Hodiamont

*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: Zions Cemetery — DATE OF BURIAL: 3-2 1929

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave