

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

Do not use this space.

8890

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 3003
City St Louis (No. 5914 Wells)

File No.....
Registered No. 2583
St. Ward)

2. FULL NAME

Franz A Allhoff
(a) Residence. No. 5914 Wells St. 6 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 25 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1929, to Feb 25, 1929, that I last saw home alive on Feb 25, 1929, and that death occurred, on the date stated above, at 3 1/2 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1873

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 16

11A
107A

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Feed & Building mat
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer him self

Broncho-pneumonia (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

10. NAME OF FATHER Franz A Allhoff

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. D. Stoelzel M. D.

12. MAIDEN NAME OF MOTHER Catherine Hoff

2/26 1929 (Address) 8.N. Central, Clayton Mo

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

*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.

14. INFORMANT Mary E Allhoff
(Address) 5914 Wells

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL Febr 27 1929

15. FILED 28 1929 Wm C Standley REGISTRAR

20. UNDERTAKER Bullon Kelly ADDRESS 4576 Boston

N. S.—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.

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