

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

Do not use this space.

14585

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 2015 Congress-st. St. Ward)

File No.
 Registered No. 3947

2. FULL NAME JOHN PHIL HOFMANN

(a) Residence. No. St. 223 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

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) April 18 1930
 17. I HEREBY CERTIFY, That I attended deceased from April 10 1930 to April 18 1930 that I last saw him alive on April 18 1930 and that death occurred, on the date stated above, at 10:30 P. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25 1860.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70. --- 20

Lobar Pneumonia
108
93C (duration) yrs. mos. 8 ds.
 CONTRIBUTORY Chronic Myocarditis (SECONDARY) (duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
of 11th
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam,
 (Signed) J. P. Keim, M. D.

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Philip Hofmann

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

12. MAIDEN NAME OF MOTHER Solma Watters.

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

April 19 1930 (Address) 2730th Main Ave
 *State the DISEASE CAUSING DEATH, or in deaths from the VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT John P. Hofmann
 (Address) 4222 Valley Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hiram Cemetery DATE OF BURIAL April 22 1930

15. FILED APR 21 1930 Wm. C. Starker REGISTRAR

20. UNDERTAKER Wm. Schumacher ADDRESS 4834 Nat Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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