

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5917, Julian Ave) St. Ward)

File No. 17544
 Registered No. 4622

2. FULL NAME

(a) Residence No. 5917 Julian Ave St. 6 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) May 8 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to May 7, 1930, that I last saw him alive on May 7, 1930, and that death occurred, on the date stated above, at 6:40 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21-1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 17

Chronic Myelitis

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Real Estate Agency
 (b) General nature of industry, business, or establishment in which employed (or employer) Ambrose-Busch Inc.
 (c) Name of employer

8 1/2 (duration) 2 yrs. or more mos. ds.

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

CONTRIBUTORY (SECONDARY) 73W (duration) yrs. mos. ds.

10. NAME OF FATHER Paul A. Hof.

18. WHERE WAS DISEASE CONTRACTED 73W
 IF NOT AT PLACE OF DEATH

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Theresa Brindes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Henry T. Field, M. D.
 , 19 (Address) 6833 Seaman Ave

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 Mrs Regina F. Hof (Address) 5917 Julian Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Calvary Cemetery May 10 1930

15. FILED May 11 1930 REGISTRAR

20. UNDERTAKER Pritz Bros 3029 Lafayette Ave

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

15 4
1
10

Mr. Full -
5833 Seaman Ave.
No. 0111
63