

27 1931

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

Do not use this space.

6903

1. PLACE OF DEATH
 County St. Louis Registration District No. 289
 Township Caydel Primary Registration District No. 6033B
 City Wentz (No. St. Vincent Sanitarium St. _____ Ward _____)

2. FULL NAME Andrew Hoffmann
 (a) Residence. No. 6529 Julian 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 Elizabeth Hoffmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Meat butler 14'
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Oremey Meat Mkt.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 26

10. NAME OF FATHER Gottlieb Hoffmann

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

12. MAIDEN NAME OF MOTHER Merkuson

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

14. INFORMANT Elizabeth Hoffmann
 (Address) 6529 Julian, St. Louis

15. FILED 3/7 1931 G. C. Tracy M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1931
 17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 5, 1931 that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 1:10 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic myocarditis
acute cardiac dilatation 950
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute meningitis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, do not know
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Eugene J. Qualley, M. D.
45, 1931 (Address) Wentz St. Louis

*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 New Bethlehem DATE OF BURIAL 2/9 1931
 20. UNDERTAKER Theo. St. Biederwiden ADDRESS St. Louis

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.

