

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

Do not use this space.
30140

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 10
City St. Louis, Mo. (No. 3639 Lierman) St. Ward)

File No.
Registered No. **9215**

2. FULL NAME

Ervin Hoffman
(a) Residence, No. 3639 Lierman St. 15 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucille Hoffman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 5, 1899</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>American Brake Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
FATHER	13. NAME <u>Charles Hoffman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Ida (unknown)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(unknown)</u>	
17. INFORMANT (ADDRESS) <u>Mrs Lucille Hoffman</u> <u>3639 Lierman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Odd Fellows</u>	DATE <u>9-2-</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Southern Ind. Co</u> <u>6370 S. Grand</u>		
20. FILED <u>16 31 1931</u>	19 <u>31</u> <u>W. C. [Signature]</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1927, to August 31, 1931
I last saw MM alive on August 31, 1931. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
131
82A
Other contributory causes of importance:
Chronic Nephritis
Date of onset Aug 26

Name of operation..... Date of.....
What test confirmed diagnosis? Micro Was there an autopsy? NI

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury 1, 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) William C. [Signature] M. D.
(Address) 3548 S. Grand Bldg

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.

