

**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 File No. 6195
 City St. Louis No. Seaconess Hospital Registered No. 1222
 St. Ward

2. FULL NAME

(a) Residence, No. 1911- President St. 124 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Modern Brass & Co

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) St. Louis Mo

13. NAME Fred W Hoffmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Mo

15. MAIDEN NAME Carolina Rickmann

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

17. INFORMANT (ADDRESS) Salina Hoffmann
1911- President

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Feb 6 1932

19. UNDERTAKER (ADDRESS) Wacker & Holderle
2331 S Broadway

20. FILED FEB -6 1932 Max O. Stull
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 4 1932
 I last saw him alive on Jan 4 1932 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Acute Dilation Heart
Shock
154
128
95B 1 1

Other contributory causes of importance:
Old Asthenia & Pericarditis
7 tubes found

Name of operation Curatry 7 tube Date of 2-4

What test confirmed diagnosis? Physic. Exam. & autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None in any 19...

Where did injury occur? Card 30 yrs ago
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Free fence 20 yrs 12 yrs

Nature of injury old my bone in leg

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Wm. J. Smith, M. D.
 (Address) 36 2nd St. St. Louis

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.

