

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.

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

Do not use this space.

30826

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City**)

File No.....  
Registered No. **8536**  
St..... Ward)

2. FULL NAME

(a) Residence, No. **1897 So. 114th St.** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **Julia Hoffman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 18-1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**61 10 3**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Ice Cream**

10. Date deceased last worked at this occupation (month and year) **Jan. 1931** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sumnerville Ohio**

13. NAME **Sam Hoffman**

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

15. MAIDEN NAME **Agnes Kuff**

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

17. INFORMANT (ADDRESS) **Hospital Informant City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **St. Peter's Cem 9/24/1932**

19. UNDERTAKER (ADDRESS) **Bergesch and Co. 3661 Washington Bldg St. Louis**

20. FILED **SEP 23 1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 21st 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 31st 1932** to **Sept 21st 1932**

I last saw him alive on **Sept 21st 1932** Death is said to have occurred on the date stated above, at **8:10 P.M.**

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

**Coronary of Liver**  
**12413**  
**134 / 12413**  
Other contributory causes of importance:  
**Pulmonary Edema**  
**Chr. Nephritis**  
**Arterio Sclerosis**

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 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) **Maurice A. Beebe**, M. D.  
(Address) **City Hospital #1**

