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.

41474

96 JAN 27 1933

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 (B) — Registered No. 336
City ..... (No. 6731, Raymond Ave. St. ..... Ward)

2. FULL NAME Perry Hoffman
(a) Residence, No. 6731 Raymond Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1925
7. AGE: YEARS 7 — MONTHS 3 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 Co. Missouri

FATHER
13. NAME Roy Hoffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER
15. MAIDEN NAME Adeline Rucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Missouri

17. INFORMANT (ADDRESS) Mr. Roy Hoffman 6731 Raymond Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Dec. 3, 1932
19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave.
20. FILED 12/2/1932 Rolla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1932, to 12/1/32, 19.....
I last saw him alive on 12/1, 1932. Death is said to have occurred on the date stated above, at 2.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/24/32
107A 15A 1874 (1)	
Other contributory causes of importance:	
Follicular Tonsilitis	11/15/32

Name of operation ..... Date of .....
What test confirmed diagnosis Pleup Bx. Was there an autopsy? no

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?
If so, specify
(Signed) G. W. [illegible], M. D.
(Address) 3532 Washington

[illegible]

3582 Washington [illegible]

12 [illegible] 2

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