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

Do not use this space.

21217

File No.

Registered No. 4993

1. PLACE OF DEATH

County

Township

City St Louis (No. 3222 Dodier St Ward)

Registration District No. 701

Primary Registration District No. 10083

2. FULL NAME Andrew Hoffmann

(a) Residence, No. 3222 Dodier St., 10 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: Minnie V.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26 1868

7. AGE: Years 64 | Months 7 | Days 11 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Walbaum Floral 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.

FATHER

13. NAME: Valentine Hoffmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Andrew V. Hoffmann 3219 Dodier St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Park Grove DATE: June 8th, 1933

19. UNDERTAKER (ADDRESS): Wagoner Funeral Co 3621 Olive St

20. FILED JUN 8 1933 J. F. Bredick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-26-, 1933 to 6-6-, 1933

I last saw him alive on 6-3-, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m. p.m.

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

| | Date of onset |
|---|---|
| Acute Myocarditis | 5/26/33 |
| 13A 13a | |

Other contributory causes of importance:

Name of operation: none 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) Dr Joseph Schlafer M. D.

(Address) 9011 University Clayton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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