

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

Do not use this space.

7046

MAR 24 1934

1. PLACE OF DEATH

County Registration District No. **70E**
Township Primary Registration District No. **1003**
City **St Louis** (No. **2737 Missouri Ave**) St. Ward)

File No.
Registered No. **1925**
St. Ward)

2. FULL NAME

(a) Residence, No. **2737 Missouri Ave** St. **23** Ward.

(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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elsie**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 12 - 1863**
7. AGE YEARS **71** MONTHS **1** DAYS **9** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired House**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **shop**
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 **Jacob Hoffmann**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs Elsie Kroner** (ADDRESS) **2737 Missouri Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mary's Cemetery** DATE **2/4/34**

19. UNDERTAKER (ADDRESS) **Doyle & Sons**

20. FILED **Feb 23 1934** **J. Bedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 21** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 17**, 19**34**, to **Oct. 21**, 19**34**
I last saw him alive on **Oct. 21**, 19**34**. Death is said to have occurred on the date stated above, at **12:15** P.M.

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

**Chronic Myocarditis
Cerebrosis of liver**

Date of onset **Aug 1932**
Oct 31

Other contributory causes of importance: **Acute Bronchitis** **2-8-34**

Name of operation Date of
What test confirmed diagnosis? **clinical** 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? **no**
If so, specify

(Signed) **M. W. Gausloser**, M. D.
(Address) **3014 So Jefferson**

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

