

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

Do not use this space.

16621

1. PLACE OF DEATH

County St. Louis Registration District No. 399
 Township St. Ann Primary Registration District No. 1002
 City St. Louis (No. St. Joseph Hospital) St. St. Ann Ward 1

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME A. J. Hoffmann

(a) Residence, No. 5815 Highland St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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 <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Hoffmann</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4th, 1862</u>				
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	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) <u>Ind.</u>				
FATHER	13. NAME <u>No Data</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NO DATA</u>			
MOTHER	15. MAIDEN NAME <u>NO Data</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NO Data</u>			
17. INFORMANT <u>A. J. Hoffmann</u> (ADDRESS) <u>St. Ann Station No.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>5/4/34</u> 19. _____				
19. UNDERTAKER <u>Harry Lapp</u> (ADDRESS) <u>City</u>				
20. FILED <u>5-3</u> 19 <u>34</u> <u>Wm. L. W. W.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1934, to May 3rd, 1934. I last saw him alive on May 2, 1934. Death is said to have occurred on the date stated above, at 5:55 am. 573-34. The principal cause of death and related causes of importance were as follows:

Carcinoma of the pharynx
45 P 45
 Other contributory causes of importance:
Emaciation and Cachexia

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

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 Harry Lapp, M. D.
 (Signed) Prof. H. H. H. (Address) St. Louis, 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.

JUN 19 1934

2

21

