

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.

Gross

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

Do not use this space.

1. PLACE OF DEATH

SEP 13 1934

791 ✓
1003

30819

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City *St Louis*

(No. *City Hospital*)

St.

Ward)

2. FULL NAME

Edward J. Hoffman

(a) Residence, No. *1331 Euclid*

St.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>SINGLE</i>
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 3*, 19*34*

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

22. I HEREBY CERTIFY, That I attended deceased from *July 13*, 19*34*, to *Aug 3*, 19*34*. I last saw him alive on *Aug 3*, 19*34*. Death is said to have occurred on the date stated above, at *7:50 A.M.* The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 5 1908*

Date of onset

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>26</i>		<i>7</i>	<i>29</i>	

57B
31 Acute Myocarditis

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

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.

Other contributory causes of importance:
Thrombosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis mo*

13. NAME *unknown*

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

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

15. MAIDEN NAME

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.

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

17. INFORMANT *John Hoffman* (ADDRESS) *2850 Edgar ave overland mo.*

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Free Will Cem.* DATE *Aug 6*, 19*34*

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

19. UNDERTAKER *Baumain Bros and Co Inc* (ADDRESS) *2504 Woodson Rd overland mo*

(Signed) *James W. Brown*, M. D. (Address) *301 S. Main St. Blue*

20. FILED *Aug - 6 1934* *J. P. Bredbeck* Registrar.

508N Chan

JUL 6 1955

St Louis

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edward L. Hoffman
Who died at Cely Hosp on Aug 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 26 Months 7 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) at nephritis caused by boils on
Birthplace of father (State or country) head neck, face arms & legs
Birthplace of mother (State or country) _____
Principal cause of death: Turberculosis

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

X Signature of Registrar J. J. Brebeck Date filed 9-24-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McGaugh M.D.
Special Agent. E.C.

Reg. Dist. No. _____
Primary Reg. Dist. No. _____

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
WASHINGTON, D. C.

CONFIDENTIAL

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