

MAY 13 1935

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

Do not use this space.

15050

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St Louis (No. Jewish Hospital)File No. **3933**Registered No. **3933**

St. .... Ward)

2. FULL NAME Frederick Hoffman(a) Residence, No. 8112 So Broadway St. 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 18637. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
71      8      6

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. <u>Cooper</u>
	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) Germany13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Marie Hoffman  
(ADDRESS) 8112 So Broadway18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE May 1, 193519. UNDERTAKER C. Hoffmeister & Co.  
(ADDRESS) 27814 So. Broadway20. FILED APR 30 1935 19 J. B. Beck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1935I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934 to April 28, 1935I last saw him alive on April 28, 1935 Death is saidto have occurred on the date stated above, at 10:15 a.m.

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

Acute myocardial infarction (Date of onset 9:30 a.m.)  
caused by senilityOther contributory causes of importance:  
Senile arteriosclerosisName of operation Chin 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?  
If so, specify.....(Signed) Ham Sawyer, M. D.(Address) 1047

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.

11. Sandpearl

Mo Theatre Bldg

Off 8282

12-3.