JUN 4 1935

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

Do not use this space.

15166

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248 B — Registered No. 135

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Edgar Frank HOFFMANN

(a) Residence, No. 1900 Cora Avenue St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	6	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission Business

10. Date deceased last worked at this occupation (month and year) December 1935 — 11. Total time (years) spent in this occupation All his life

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

FATHER

13. NAME Jacob Hoffmann

14. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Anna Herberger

16. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Missouri

17. INFORMANT W. C. Gibson, M.D. (ADDRESS) Veterans Fac. Adm. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff Barracks Nat'l DATE Jul 10 1935

19. UNDERTAKER Mullen Funeral Home (ADDRESS) 6760 Delmar Blvd

20. FILED Apr 8 1935 E. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1935 to April 8, 1935

I last saw him alive on April 8, 1935. Death is said to have occurred on the date stated above, at 7:10 a.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic active, far advanced.	Unkn.

Other contributory causes of importance: None.

Name of operation None — Date of -

What test confirmed diagnosis? Physical exam clinical manifestations and no laboratory findings. 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) W. C. Gibson, M. D. Chief Med. M. D.

(Address) Officer, Veterans Admin. Facility Jefferson Barracks, Missouri

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.