JUN 13 1935

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

Do not use this space.

18239

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4585

Township ..... Primary Registration District No. 1003 Registered No. 4585

City St Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME Harold H. Hoffman

(a) Residence, No. 915 Market St St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22 - 1892

7. AGE: YEARS 43 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Concrete Worker
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): St Louis Mo

FATHER

13. NAME: George Hoffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Julia Kreite
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Hazel Dominick, 3922 Louisiana Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE May 24 1935

19. UNDERTAKER (ADDRESS): A. Kron L. & Co, 2707 N. Grand Bl

20. FILED MAY 23 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 00 R m.

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

Chronic Myocarditis - Chronic Interstitial Nephritis Chronic Gastroenteritis Uterus sclerosis

Date of onset

Other contributory causes of importance: 131

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?

If so, specify

(Signed) Harold Selenly M.D.

(Address) Dyspor

5/23/35

CAUSE OF DEATH in plain terms, so that it m... classified. Exact statement of OCCUPATION is very important