

JUN 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. 601 Kaiser St.)

Registration District No. 1123
Primary Registration District No. 6248 A

File No. 18541
Registered No. 173
St. _____ Ward _____

2. FULL NAME William Hoffmann

(a) Residence, No. 601 Kaiser, St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1888

7. AGE YEARS 47 MONTHS 2 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
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 Co. Mo

13. NAME Jacob Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

15. MAIDEN NAME Lena Jetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo

17. INFORMANT Mary Hoffman (ADDRESS) 601 Kaiser

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Luth. Ch. DATE 5-11-35

19. UNDERTAKER C. Hoffmeister U. L. Co. (ADDRESS) 7814 So. Broadway

20. FILED May 11, 1935 G. Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9/1935, 1935

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 am.

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

Felo De Co, with full intention of self destruction - monoxide gas poisoning. Wound found in his small truck, closed his garage door, turned on motor and layed with his head near the exhaust pipe at the back of his truck. Was found in the morning at 9:15

Name of operation Coroner's view Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? N.O.

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 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 Subd. tumor 5/10/35
(Signed) _____, M. D.
(Address) 3714 Jennings St.
St. Louis 2, 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.

by son, . Reason for same was given as despondency
over failure of his business (butcher shop) then
tried to sell meat thru rural districts with his
truck, this also becoming a failure , increased his
despondency and this was given as reason for suicide.