

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1008
City St. Louis (No. 4717 Louisiana Ave. St. Ward) Registered No. 9349

2. FULL NAME Justus Hohman

(a) Residence, No. 4717 Louisiana Ave. St. 15 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer 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) Germany

13. NAME William Hohman

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. Hohman
(ADDRESS) 4717 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Nov. 9 1935

19. UNDERTAKER Mrs. Schumacher
(ADDRESS) 3013 Meramec St.

NOV 7 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24th 1935 to Nov. 6th 1935
I last saw him alive on Nov. 6th 1935 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Aorta is atherosclerotic with thrombosis of descending aorta
Arteries of left foot

Date of onset

7/24/35
65

Other contributory causes of importance:

Pulmonary Embolism

Nov. 6th 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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? No

If so, specify

(Signed) N. C. K. Klopffer, M. D.

(Address) 3801 S. Broadway

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.

3627 Ohio