

90 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **752**  
St. .... Ward)

2. FULL NAME **William A. Hohmann**

(a) Residence, No. **4717 Louisanna** St. **15** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 **Sophie Hohmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7th. 1887**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>48</b>	<b>9</b>	<b>11</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Electrician**  
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**

FATHER 13. NAME **Justus Hohmann**

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

MOTHER 15. MAIDEN NAME **Martha Daum**

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

17. INFORMANT **Sophie Hohmann** (ADDRESS) **4717 Louisanna**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pl.** DATE **Jan. 21st**

19. UNDERTAKER **Wm. Schumacher** (ADDRESS) **3013 Meramec Street**

20. FILED **JAN 21 1938** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 18th. 1938**

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. **5.130pm**

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

*Arterio Sclerosis*  
*Ch. Myocarditis*  
*Cirrhosis of Liver*  
Other contributory causes of importance:  
**124h**

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 **Arterio Sclerosis** (Signed) **Harold P. Hub** M. D.

(Address) **Dep. for**

