

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.

JUN 5 1936

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

Do not use this space.

791

21034

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. *On Sidwalk at 4151 Numan St.* Ward)

2. FULL NAME

*Henry H. Hoffschwelle*  
(a) Residence, No. *74459<sup>2</sup> Margaretta* 10. Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S., if of foreign birth? *60* 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) *4-17-1871*  
7. AGE YEARS *65* MONTHS *0* DAYS *28* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Neighbor*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Color Marc Sec. FC*  
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 *Joseph Hoffschwelle*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Elizabeth Hoffschwelle*  
(ADDRESS) *74459<sup>2</sup> Margaretta*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Cabany* DATE *5-18-36*

19. UNDERTAKER *H. A. Stark and Co*  
(ADDRESS) *2117 E. Grand Blvd*

20. FILED *MAY 16 1936* *J. Bredeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 15- 1936*  
22. I HEREBY CERTIFY, That I attended deceased from *April 28*, 1936 to *May 15*, 1936  
I last saw him alive on *May 5*, 1936. Death is said to have occurred on the date stated above, *5-15-36*.  
The principal cause of death and related causes of importance were as follows:

*95*  
*Acute cardiac dilatation*  
Other contributory causes of importance:  
*Influenza*  
*Chronic myocarditis*  
*Hypertension (178-110)*  
Name of operation..... Date of.....  
What test confirmed diagnosis? *clinical* 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?.....  
If so, specify *Alcohol*, M. D.  
(Signed) *Alfred J. Mabel*  
(Address) *2745 40 Grand Blvd*

Date of onset  
*22.07.15-36*  
*Apr 20-36*  
*1936*

