

DEC 3 1936

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.....

Township.....

Primary Registration District No.....

City St. Louis

No.

Missouri Baptist Hospital

St. Ward)

791
1003

File No.....

49268

Registered No.....

11377

2. FULL NAME

Baby Hoffmann

(a) Residence, No.

4903 Delmar Blvd.

St.

12

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)

Nil

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Nil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,hrs.

ormin.

7 Mo. Gest

OCCUPATION

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

Nil

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)Missouri

FATHER

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UNKNOWN

MOTHER

15. MAIDEN NAME

Frieda Hoffmann16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois17. INFORMANT
(ADDRESS)Harold H. Schulz
Coroners Office

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Potters Field

DATE

Nov 18 193619. UNDERTAKER
(ADDRESS)Peetz Brothers
6029, Lafayette Ave

20. FILE

NOV 16 1936J. P. Bredeck
Registrar.MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1936

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 3:00 A.M.

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

Premature Birth following
Criminal Abortion

Date of onset

(Time & place Unknown)

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) Harold H. Schulz, M. D.

(Address).....

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.

1 X704

