MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... 000 Registration District No. ..... 791 File No. 8819

Township ..... 30 Primary Registration District No. ..... 1003 Registered No. 2308

City St. Louis 9 (No. De Paul Hospital 1 ..... St. ..... Ward)

2. FULL NAME William A. Hoffman

(a) Residence, No. 4011 Greer Ave. St., 10 Ward. 1
(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christie Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 24, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Baking
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation Cr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

FATHER

13. NAME George R. Hoffman 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okawville Ill 15

MOTHER

15. MAIDEN NAME Margaret Moulds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Christie Hoffman 4011 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Feb. 26, 1937

19. UNDERTAKER (ADDRESS): Akron F. Ulm 2707 N. Grand Blvd.

20. FILED FEB 25 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1935, to 2-24, 1937

I last saw him alive on 2-23, 1937 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:

Acute cardiac dilatation

Date of onset

Other contributory causes of importance:

chronic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 5074 N. Union 1

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.

WHITE PLAINE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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