OCT 14 1937

2

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

Do not use this space.

32202

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 5329 Sutherland Ave. St. ..... Ward)

File No.....

Registered No. 8256

2. FULL NAME Henry A. Hoffman

(a) Residence, No. 5329 Sutherland Ave. St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	7	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO.

FATHER

13. NAME Henry Hoffman

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

MOTHER

15. MAIDEN NAME Matilda Burg

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

17. INFORMANT Mrs. Katherine Hoffman
(ADDRESS) 5329 Sutherland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 9-4 1937

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED SEP 2 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936, to 9-1, 1937

I last saw ~~him~~ alive on 8/29, 1937. Death is said to have occurred on the date stated above, at 1:35 A.M.

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

	Date of onset
Cancer Stomach	

Other contributory causes of importance: HBP

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Robert Drack, M. D.

(Address) 3702 Gravois

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

C. C. Drall
3702, Francis
11-1