

DEC 13 1937

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

39691
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1000
(b) Township..... Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. Desloge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 106782. PRINT FULL NAME Andrew Carl Hoffer

(a) Residence, No. 4358 Laclede Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Hoffer
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 9 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Tavern Owner
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) St. Louis, Mo.FATHER 13. NAME Charles Hoffer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Magdeline Fisher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Anna Hoffer
(ADDRESS) 4358 Laclede Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE 11/19/3719. FUNERAL DIRECTOR Edith C. Gimbuster
(ADDRESS) 4234 Manchester20. FILE NOV 19 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16/37, 1922. I HEREBY CERTIFY, That I attended deceased from 11/13/37, 19, to 11/14/37, 19.I last saw him alive on 11/16/37, 19. Death is said to have occurred on the date stated above, at 4.35 P. M.

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

Septic pneumonia
Ludwig's Angina

Date of onset

Other contributory causes of importance:

Name of operation thorax Date of 11/16/37
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) J. Bredeck, M. D.
(Address) 607 - n Grand

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed: Florenz Eynck

Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)