

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

39965
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** Registered No. **10952**
 (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.

2. PRINT FULL NAME **HARRY HOFFMAN**
 (a) Residence, No. **5808 Theodosia** St. **6** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Bessie Hoffman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **(unclear) Oct 17 1887**

7. AGE YEARS **60** MONTHS **1** DAYS **9** If LESS than 1 day, hrs. or min. **abt. 75**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Butcher**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 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) **Kiev U.S.S.R**

FATHER 13. NAME (UNK)

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (UNK)

MOTHER 15. MAIDEN NAME (UNK)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (UNK)

17. INFORMANT **B. Finkelstein** (ADDRESS) **5645 Vernon**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **11/28/37**

19. FUNERAL DIRECTOR **H. B. Bergen** (ADDRESS) **4715 McPherson**

20. **NOV 27 1937** 19..... **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) **11-26-1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-14-1937** to **11-26-1937**
 Last saw him alive on **11-26-1937** Death is said to have occurred on the date stated above, at **2:00 P.M.**

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

**Bilateral bronchopneumonia
 Interochondriac fracture**
 Date of onset **11-24-37**
11-14-37
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? **Ray** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of injury **11-14-1937**
 Where did injury occur? **St. Louis**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Syncope**
 Nature of injury **hyp. fracture**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify.....
 (Signed) **Ray Gadenberg** M. D.
 (Address) **201 S. Hughes**

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.

For affidavit see case file D F# 46-1937

STATEMENT BY LICENSED EMBALMER

I, Herbert J. Berger, Licensed Embalmer No. 1597

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 H. J. Berger
Licensed Embalmer No. 1597

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.)