

JAN 10 1938

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

43163
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1008
(c) City St. Louis Mo (d) Street No. Missouri Pacific Hospital Registered No. 11413
(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 Leon Hoffman

(a) Residence, No. NR Herrin Ill (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 (OR) WIFE OF Sophia Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 0 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RR Inspector
9. Industry or business in which work was done, as saw mill, bank, etc. Mo Pac RR
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Sophia Hoffman see

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrin Ill DATE 12-11-37

19. FUNERAL DIRECTOR (ADDRESS) Albert & Sturme Herrin Ill

20. FILED DEC 11 1937 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 19, 1937, to 19, 1937

I last saw h. alive on, 1937. Death is said to have occurred on the date stated above, at 9:47 a.m.

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

Laceration & increasing spasm of cord, resulting in paralysis, suffered when struck by tender of railroad engine #115 piloted by Joseph Kelenstet, engineer

Other contributory causes of importance: and Res Burgess foreman in RR yards at evening
awa. about 1:48 PM Oct 22-37

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Oct 22-1937
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) W. H. Perry M.D.
(Address) Asperly Corridor

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.

570

JEAN
21952

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
.....L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

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.)