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.

REC'D MAY 6 1938

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

15787
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 739
(c) City Clayton, Mo. — (d) Street No. St. Louis County 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.

2. PRINT FULL NAME C. Marquard Forster Hoffmann.
(a) Residence, No. 4459 Lindell Blvd. St.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1919.
7. AGE: Years 18 — Months 5 — Days 4 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Briggs A. Hoffmann.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Paula Forster.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mr. Briggs A. Hoffman.
(ADDRESS) 4459 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 4-25-38, 19

19. FUNERAL DIRECTOR Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED 4-23, 1938 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
AUTOMOBILE-TRAIN ACCIDENT.	4/22/38
While driving a private automobile on a public highway which collided with the side of a railroad ~~freigh~~ freight car. (Inquest pending)	
Other contributory causes of importance:	
Cpd fracture of the skull.	4/22
Cpd fracture of left jaw.	1938
Cpd fracture of L. Femur and other fractures?	

Name of operation ... Date of ...
What test confirmed diagnosis? physical signs 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 4/22, 38
Where did injury occur? Clayton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury auto-train accident.
Nature of injury multiple fractures.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) John O'Donnell, M. D.
(Address) CORONER OF ST. LOUIS COUNTY, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

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