

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16696

Do not use this space.

791  
1003

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. Deaconess 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. 4557

## 2. PRINT FULL NAME

Edward E. Hoffman 155

(a) Residence, No. 6649 Fyler Ave. St. 3  
 (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 Catherine Hoffman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 19-1868.  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 6 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Co.  
 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 Fred Hoffman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Veronica Held  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Catherine Hoffman  
 (ADDRESS) 6649 Fyler Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New Picker DATE May, 19-1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
 (ADDRESS) 2331 S. Broadway

20. FILED May 18 1938 J. B. Bredsch  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 16th. 19 38

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938, to May 16, 1938  
 I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism  
51C  
 Date of onset 5/16

Other contributory causes of importance:  
Coronary Atherosclerosis

Name of operation Biopsy Date of 4/26/38  
 What test confirmed diagnosis? microscopic Was there an autopsy? yes

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) Dr. Cappel M. D.  
 (Address) 3239 Franklin Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Frank J. Dyland*

*2645*  
*Sue*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Frank J. Dyland*

Licensed Embalmer No.

P. O. Address

*2645*  
*St. Louis, Mo*

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.)

If this body is not embalmed, above space should be left blank.