

REC'D JUN 9 1938

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

16804
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** 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. **4665**

2. PRINT FULL NAME

Paul Hoffman 155
(a) Residence, No. **5800 Arsenal** St. **13** (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) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 24, 1866**
7. AGE YEARS **72** MONTHS **1** DAYS **26** IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
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) **Unknown** **9**
13. NAME **Michael Hoffman** **6**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **6**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
17. INFORMANT (ADDRESS) **J. G. Sullivan**
5800 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 22, 1938**
19. FUNERAL DIRECTOR (ADDRESS) **J. J. Quinn**
1379 Union Blvd
20. FILED **MAY 22 1938** **J. P. Breche**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **March 18, 1937** to **May 20, 1938**
I last saw him alive on **May 20, 1938**. Death is said to have occurred on the date stated above, at **3:00 A.M.**
The principal cause of death and related causes of importance were as follows:
Degenerative Heart Disease
Other contributory causes of importance: **Arteriosclerosis genit**
Name of operation Date of
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) **Young** M. D.
(Address) **5600 Arsenal**

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

B. W. F. Fine

Licensed Embalmer No. 1591

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.)