

PR 241939

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

16205
Do not use this space.

REC'D MAY 11 1939

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 299
 (c) City Jefferson Barracks (d) Street No. Vet Hosp St. Unkn.
 (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

155 Carl Paul Hoffmann
 (a) Residence, No. Glen Carbon, Illinois. St. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A. Worker

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) Waldenburg Schlesien
Germany

13. NAME Joseph Hoffmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bazgendorf Neisse
Germany

15. MAIDEN NAME AUGUSTE LANGER
Auguste Langer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steinwendorf
Germany

17. INFORMANT Clinical Clerk, VAF., Jefferson
 (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville Ill DATE April 26 1939
Glen Carbon

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Strona Funeral Home
Edwardsville Ill.

20. FILE APR 24 1939 W.R. Meyer, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to April 23, 1939

I last saw h. im alive on April 23, 1939. Death is said to have occurred on the date stated above, at 8:45 P.

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

Coronary Sclerosis
with Thrombosis

Date of onset Unk.

Other contributory causes of importance: Cholecystitis, acute, suppurative. Unk.

Name of operation Cholecystectomy Date of 4-21-39
phy. clinical exam. and lab.
 What test confirmed diagnosis? NO Was there an autopsy? NO

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 Chief Med. off.
 (Signed) C.H. HUGHES, Chief Med. off., M. D.
 (Address) VAF., Jefferson Barracks, Mo.

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.

Corrected by official June 18 - 1939 h. Wood

BC.

see affidavit # 189 in misc file.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Ketter

Licensed Embalmer No. *3880*

P. O. Address.....

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.