

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.

RECD JUN 12 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16945
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis Mo.
(d) Street No..... 4595A GARFIELD AVE. 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. 4479

2. PRINT FULL NAME

155 Ben Hoffman.
(a) Residence, No. 4595a Garfield. St. 11
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hoffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26th, 1875.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Glass 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) St. Louis Mo. 0

FATHER 13. NAME Henry Hoffman 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pa. 0

MOTHER 15. MAIDEN NAME Mary Ann Daly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs Marie Rossy. 6325 Audrey Wellington

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 5/16/39
Calvary Cem.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.H.Hoppe Inc. 4700 Washington Ave.

20. FILED MAY 15 1939 J.F. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1939, to May 13, 1939
I last saw him alive on May 12, 1939 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis with coronary atherosclerosis
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? Yes
If so, specify (Signed) J.F. Brudick M. D.
2206 Howard St. (Address)

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 Guy W. Wilkin
Licensed Embalmer No. 3575
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.