

REG'D MAR 13 1939

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

6551

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township 1 Primary Registration District No. 2001
 or
 (c) City Springfield, Mo Street No. 1125 N. Main 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Hoffelt
 (a) Residence, No. 1125 N. Main 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 Female 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 Michael Hoffelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 78 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Bavaria
 (STATE OR COUNTRY) Germany

FATHER 13. NAME Joseph Breckal
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Helena Hoffman
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Margaret Heytman
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys DATE Feb. 20, 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED Feb 20 1939 Charles George Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1939, to 2-18, 1939

I last saw her alive on 2-17, 1939. Death is said to have occurred on the date stated above, at 2 A. m.

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

Hypertension
myocarditis
Cerebral hemorrhage
 Date of onset 2/11/39

Other contributory causes of importance:

Cerebral hemorrhage 2/11/39

Name of operation no Physical Date of
 What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 2, 1939
 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? No
 If so, specify
 (Signed) W. T. Walsh, M. D.

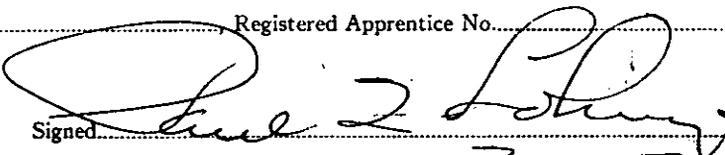
(Address) Springfield Mo

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed 

Licensed Embalmer No. 24297

P. O. Address Springfield, 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.