

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

**39410**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Cole Registration District No. 215  
 (b) Township Franklin Primary Registration District No. 5295 Registered No. 12  
 (c) City Schubert, Mo. (d) Street No. Schubert, Mo. 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.

**2. PRINT FULL NAME** Ernest Henry Hoffmeyer

(a) Residence, No. Schubert, Mo. 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) April, 16, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 8 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 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) Schubert, Mo.

FATHER 13. NAME Frank Hoffmeyer

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas, Mo.

MOTHER 15. MAIDEN NAME Frieda Schopfer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Frank Hoffmeyer  
Schubert, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Toas, Mo. DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs  
Jefferson City, Mo.

20. FILED Dec 7 1939 Jacob M. Rautsch  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1939 to Dec 5 1939

I last saw Kenn alive on Dec 5 1939 Death is said to have occurred on the date stated above, at 4:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction  
with  
hypertension & atherosclerosis  
of the coronary arteries  
and  
pericarditis

Other contributory causes of importance:

Name of operation Date of operation  
 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  
 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) W. D. ... M. D.  
 (Address) ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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 Apprentices No.....  
working under my personal supervision.

Signed.....

*John F. Hennrich*

.....  
..... Licensed Embalmer No.....

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.**