

APR 12 1940
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MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

10542
 Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 126
 (b) Township Double Primary Registration District No. 5174 B Registered No. 6
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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. ds.

2. PRINT FULL NAME

MARY HOFFMEISTER
 (a) Residence, No. Walden Rd #1 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Hoffmeister</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 1874</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>3</u>	DAYS <u>19</u>
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. <u>Housewife</u>		
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) <u>Jackson mo</u>		
FATHER	13. NAME <u>Aug Vages</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Agneta Hoffmeister</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Gordonville mo Herman Hoffmeister</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul's Episcopal cemetery</u> DATE <u>Mar 8 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>McComb & Co Jackson mo</u>		
20. FILED <u>Mar 7 1940</u> <u>Mrs W. W. Ford</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:
E.P. Driskel Currier of Cape Girardeau Mo. after having the wife of the deceased, who had been advised by the Dr. that the deceased Mrs. Mary Hoffmeister, passed away had death from acute indigestion n.m.o.

Other contributory causes of importance:
Indigestion n.m.o.

Name of operation..... Date of.....
 What test confirmed diagnosis? 1150 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) E.P. Driskel Currier
 (Address) St. Paul's Episcopal Ch. Cape Gir.

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.

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 _____

Licensed Embalmer No. 3457

P. O. Address Jackson 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.