

FILED OCT 11 1941

Registration District No. **125**Primary Registration District No. **3009**Registrar's No. **14**

## 1. PLACE OF DEATH:

- (a) County Cape Girardeau, Mo.
- (b) City or town Cape Girardeau, Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 1 week  
(Specify whether)
- In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME HILDA ROSENA HOFFMAN

3. (b) If veteran, name war \_\_\_\_\_
3. (c) Social Security No. None

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Hoffman
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Oct. 24 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Berry County (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Ernst Bodenschott
13. Birthplace Berry County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Martie Fiedler
15. Birthplace New Wells, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charley Hoffman
- (b) Address Crosstown, Mo.
17. (a) Burial (Burial, cremation, or removal)
- (b) Date thereof 9/11/41 (Month) (Day) (Year)
- (c) Place: burial or cremation Crosstown, Mo.

18. (a) Signature of funeral director Bay Funeral Home
- (b) Address Perryville, Mo.
19. (a) 9-10-41 (Date received local registrar)
- (b) H. N. Phelps (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 979
- (c) City or town Perryville  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_ (If rural, give location)
- (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)
- If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 9  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-2-41 to 9-9-41  
that I last saw PR alive on 9-9-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Valvular Disease  
Due to NEPHRITIS

Other conditions: 12/18  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. N. Phelps (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 9/10/41

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed

*Le Roy J. Schindler*

Licensed Embalmer No. *4175*

P. O. Address *Perryville, Pa.*

**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, fact should be so stated above.**