

State File No. _____

SEP 3 1943

Registration District No. 477

Primary Registration District No. 2016

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether 20 yrs)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 719 W. Mc Carty St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1943 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 8-18-43 to 8-26-43
that I last saw him alive on 8-26-43
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days
Due to Heart Stroke 13 days

Other conditions (include pregnancy within 3 months of death) 1911 99
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 121
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 8-18-43
(c) Where did injury occur? Jefferson City, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In industrial place
(Specify type of place) _____
While at work? yes (e) Means of injury Heart Stroke
23. Signature E. M. Selman (M. D. or other) _____
Address Jefferson City, Mo Date signed 8-27-43

3. (a) PRINT FULL NAME August G. Hoffmeyer
3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March 28 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Employed at Jeff City Products

11. Industry or business Co.

MOTHER FATHER { 12. Name Ben Hoffmeyer
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Hellrich
15. Birthplace Osage co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Hoffmeyer
(b) Address Jefferson City, Mo.

17. (a) Burial & Removal Date thereof 8/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mc Girk Cemetery

18. (a) Signature of funeral director Victor Buscher
(b) Address Jefferson City, Mo.

19. (a) 8-27-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26
5
4

SEP 21 1943

SEP 3 1943

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 Victor Buescher

Licensed Embalmer No. 37.01

P. O. Address Jefferson City, 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, fact should be so stated above.