S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31222

State File No.

FILED SEP 24 1943

Registration District No. 1000 Primary Registration District No. 1000 Registrar's No. 1025

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two weeks (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 5504 Lake Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Barbara Hoffman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March (Month) 4 (Day), 1865 (Year)

8. AGE: Years 78 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Blaza Youngheim
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Christine Guitar
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Joseph Hoffman (Son)

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) 9/9/43 (Date received local registrar) (b) Rose Heizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Aug~~ 6th day ~~23rd~~ Sept year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 23, 1943 to Sept 6, 1943 that I last saw her alive on Sept 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerotic heart disease	(P)
Due to: Arterio-sclerosis generae	(P)
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations —	
Of autopsy —	

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] MD (M. D. or other) 9/6/43

Address St. Joseph, Mo. Date signed

1233

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.