S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1948

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3620

State File No. 12059

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County: FRANKLIN

(b) City or town: WASHINGTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST FRANCIS HOSP. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2 WEEKS

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: GASCONADE

(c) City or town: RURAL (If outside city or town limits, write "RURAL") 37

(d) Street No.: BAY MO. (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country: 1

3. (a) PRINT FULL NAME: HELEN HOFFMANN

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: ✓

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: NONE

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

7. Birth date of deceased: JAN. 29 (Month) 1865 (Day) (Year)

8. AGE: Years 83 Months 2 Days 24 If less than one day hr. 11 min.

9. Birthplace: ✓ (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation: HOUSE WORK

11. Industry or business: 11

MOTHER FATHER

12. Name: ALEXANDER HOFFMANN

13. Birthplace: ✓ (City, town, or county) GERMANY (State or foreign country)

14. Maiden name: MARIE WELD

15. Birthplace: ✓ (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: EDWIN KUHLMAN

(b) Address: BAY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 4-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation: ST PAUL CEM. BAY MO.

18. (a) Signature of funeral director: Milford N. White

(b) Address: OWENSVILLE, MO

19. (a) Apr 26 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23 year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 4-8, 1948, to 4-23, 1948; that I last saw her alive on 4-22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Gangrene of both feet and legs	2 wks.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Amputation of rt. leg above knee on 4-10-48	
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:

(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: Paul A. Brenner (M. D. or other) MD

Address: Owensville, Mo. Date signed 4-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed.....
MAY 21 1946
JUN 21 1946

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 HARVEY KAHLE, Registered Apprentice No. 9, working under my personal supervision.

Signed Milford H. H. Hunter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE Mi

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.