No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 13 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19166

Primary Registration District No. 2000

Registrar's No. 557

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Days (Specify whether years, months or days)
In this community: 41 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1016 N. Campbell Ave. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Louisa Hoffman
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 7
6. (b) Name of husband or wife: Louis Hoffman
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: September (Month) 1 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
85	10	5	hr. min.

9. Birthplace: Smithton, (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: none
11. Industry or business: none
FATHER
12. Name: Gottlieb Lindauer
13. Birthplace: unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name: Louise Eversol
15. Birthplace: unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Matilda C. Hoffman
(b) Address: 1016 N. Campbell, Springfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Missouri
19. (a) 7-8-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1948 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 28 1948 to July 6 1948 that I last saw her alive on July 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Duodenal obstruction	Duration 3-4 wks.
Due to: Carcinoma of Gall Bladder with secondary involvement	7
Due to: Hepatitis - Bilateral Pneumonia duodenum with metastatic glands	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: as above
Of autopsy: as above

PHYSICIAN
Underline the cause of 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: W. Roland Langston (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 7/7/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1955

MAR 29 1955

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 Fred C Thieme,

Licensed Embalmer No. 2899,

P. O. Address Springfield, 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.