FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22205

Primary Registration District No. 1000

Registrar's No. 755

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

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: 403 So. 20th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

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

(d) Street No. 403 So. 20th. St. 7
(If rural, give location)

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

If yes, name country *

3. (a) PRINT FULL NAME Louis John Dornhoffer

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Bessie Mary

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November (Month) 10 (Day) 1894 (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
53	8	0	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Secretary City Fire Dep't

11. Industry or business City Fire Dep't.

FATHER
12. Name John Dornhoffer
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Sophia Bassing
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Bessie M. Dornhoffer
(b) Address 403 So. 20th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Hedenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 7-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Viewed July 10th, 1948, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94B	
Of autopsy	

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) 3
While at work? (e) Means of injury

23. Signature B. W. Tadlock (M. D. or other) Coroner
Address KING HILL BLDG St. Joseph, Mo. Date signed 7/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1948

JUL 26 1948

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.....Robert L Gaph

Licensed Embalmer No. 3308

P. O. Address.....St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.