

No. 300
10:48

16
4

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

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY OR TOWN Cape Girardeau		16	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 401 South Hanover			
3. NAME OF DECEASED a. (First) GEORGE			b. (Middle)		c. (Last) HOFFER		4. DATE OF DEATH (Month) (Day) (Year) April 14, 1949
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 20, 1872	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Advance, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Martin Hoffer		13b. MOTHER'S MAIDEN NAME Magdalene Hober		14. NAME OF HUSBAND OR WIFE Mrs. Zita Hoffer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Hoffer Cape Girardeau, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/201				INTERVAL BETWEEN ONSET AND DEATH 4 days 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 10, 1949, to April 14, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE William J. Oehler M.D.				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 4-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 18, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Mary Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 4-15-1949		REGISTRAR'S SIGNATURE C. C. Summers		44		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walther's Funeral Home Cape Gir.	

RECEIVED

District Health Officer No. 4
District File Number 449-51
Date Filed 4-18-49

JUL 28 1949

JUN 6 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.