

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 277772

BIRTH NO. _____		REG. DIST. NO. 308		PRIMARY REG. DIST. NO. 6049		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St Charles</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St Charles</i>			
b. CITY OR TOWN <i>RR Augusta Mo</i>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <i>RR Augusta Mo</i>		d. STREET ADDRESS (If rural, give location) <i>near Augusta Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED a. (First) <i>CARL</i> b. (Middle) <i>THEO.</i> c. (Last) <i>HWEFFMEIER</i>			
4. DATE OF DEATH <i>AUG. 10-49</i>		5. SEX <i>M.</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	
8. DATE OF BIRTH <i>JAN. 6-1883</i>		9. AGE (in years last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		11. BIRTHPLACE (State or foreign country) <i>AUGUSTA MO</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Henry Hoeffmeier</i>		13b. MOTHER'S MAIDEN NAME <i>Wilhelme Welker</i>		14. NAME OF HUSBAND OR WIFE <i>Ida. Hoeffmeier</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Harold A Hoeffmeier</i> ADDRESS <i>Augusta, Mo.</i>			
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) <i>Rheumatism</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>6/9/47-8/10/49</i> <i>727X</i>	
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) <i>None</i>		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 <i>8-10</i> , 1949, to <i>7-18</i> , 1949, that I last saw the deceased alive on <i>7-18</i> , 1949, and that death occurred at <i>1:50 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Harold A. Hoeffmeier D.O.</i>				23b. ADDRESS <i>Washington Mo.</i>		23c. DATE SIGNED <i>8-10-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 13</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Augusta Mo</i>	
DATE REC'D BY LOCAL REG. <i>Aug 13, 1949</i>		REGISTRAR'S SIGNATURE <i>Mrs Viola Hoeffmeier</i> 399		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Olie Shilkey Augusta</i>			

District File Number
District Health Officer No. 9,
AUG 16 1949
RECEIVED

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.

Signed Olie Sheelking

Signed _____
Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Osprey, N.C.

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.