No. 300
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FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7148

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place) 75 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET'S. ADM. HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 2025 Arsenal

2249
1

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) (NMI)
c. (Last) HOFSTETTER

4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1950

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH May 1, 1896
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Hofstetter
13b. MOTHER'S MAIDEN NAME Antoinette Kaufmann
14. NAME OF HUSBAND OR WIFE Molly Hofstetter (w)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 7/23/18-1/24/19
16. SOCIAL SECURITY NO. 492-07-0325
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS, INTRA ABDOMINAL, PRIMARY SITE UNDETERMINED

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: 159X

19a. DATE OF OPERATION 11-30-49
19b. MAJOR FINDINGS OF OPERATION General Intra. Abdominal Carcinomatosis. Primary site Undetermined 159X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 20, 19 50, *to* Feb. 2, 19 50, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX~~ *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. STILWELL, M.D. 0
23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks, Mo.
23c. DATE SIGNED Feb. 2. 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 2-6-50
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, County

DATE REC'D BY LOCAL REG. FEB 3 1950
REGISTRAR'S SIGNATURE Herbert R. Wombe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros L. & U. C. — ADDRESS 2929 S. Jefferson ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 374

P. O. Address 2929 [illegible]

Signed.....
Student Embalmer

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.