

FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17538

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 66

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>--- 8-20</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Cahokia</u> | |
| c. LENGTH OF STAY (in this place) <u>3 mos</u> | | d. STREET ADDRESS (If rural, give location) <u>Judith St, RR # 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION - - - - - | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>-</u> c. (Last) <u>Hoffmeister</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1952</u> |
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|--------------------|-------------------------------|--|---|--|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>24 July 1925</u> | 9. AGE (In years last birthday) <u>26</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press Punch Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY - - - - - | 11. BIRTHPLACE (State or foreign country) <u>Belleville, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Deceased</u> | 13b. MOTHER'S MAIDEN NAME <u>Deceased</u> | 14. NAME OF HUSBAND OR WIFE <u>Hazel M. Hoffmeister</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes (Ind) 24 Mar 52</u> | 16. SOCIAL SECURITY NO. - - - - - | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>JESSE J. SCHULTE WOJG USA Ft. Leonard Wood Mo</u> |
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| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paracardiac-pulmonary hemorrhage</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Masseration of heart</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Gunshot wound of chest.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u> | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

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| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bldg 112 - Barracks</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fort Leonard Wood Pulaski Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 52 5:00a</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Self inflicted gunshot wound.</u> |
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22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Harold H. Niekamp</u> Capt. MC | 23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u> | 23c. DATE SIGNED <u>29 May 1952</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | 24b. DATE <u>5/30/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Funlack & Co. Funeral Home</u> | 24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u> |
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|--|---|----------------------|--|
| DATE REC'D BY LOCAL REG. <u>5-29-52</u> | REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u> | 458- <u>458-1</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter P. Redges, Thebes, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-29-52
Pulaski County Health Officer
Date Filed 5-27-52
File Number

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 4265

P. O. Address Merida, 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.