U.S. No. 300
REV. 10.48

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36922

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 604 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'Fallon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Institute

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'Fallon 0920
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Sr. M. Flora
b. (Middle):
c. (Last): Hofmann

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: Sept. 15, 1870
9. AGE (In years last birthday): 82 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Herischried, Baden, Germany 4
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Zeno Hofmann
13b. MOTHER'S MAIDEN NAME: Marie Schaenble
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: *******
17. INFORMANT'S SIGNATURE OR NAME: Sr. Mary Alicia C.P.P.S. — **ADDRESS**: O'Fallon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of left breast — 3 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gen. arteriosclerosis — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 196X
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* 8-28-, 1953, *to* 9-3-, 1953, *that I last saw the deceased alive on* 9-2-, 1953, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Rudke (Degree or title) M.D.
23b. ADDRESS: St. Charles, Mo.
23c. DATE SIGNED: Sept 4 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Convent Cemetery
24d. LOCATION (City, town, or county) (State): O'Fallon, Missouri

DATE REC'D BY LOCAL REG.: Sept 4 1953
REGISTRAR'S SIGNATURE: Earl Keith
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Dallmeyer — **ADDRESS**: St. Charles, Mo.

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank R Romalang

Licensed Embalmer No. 4836

P. O. Address St Charles, M

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.