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

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20064

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles, Rural
c. LENGTH OF STAY (In this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Evangelical Emmaus Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Maryland
b. COUNTY: Washington
c. CITY OR TOWN: Hagerstown
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route # 4

8190 8

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle):
c. (Last): HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 27, 1924
9. AGE (In years last birthday): 30 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Roy L. Hoffman
13b. MOTHER'S MAIDEN NAME: Alethea Binkley
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Theophil Stoerker, St. Charles, 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) Gastric Crisis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gen. Spastic Paralysis — life

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 351 X
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* June 1st, 1954, *to* June 29th, 1954 *that I last saw the deceased alive on* June 26, 1954, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A P Erich Schulz M.D. (Degree or title) **23b. ADDRESS** St Charles Mo. **23c. DATE SIGNED** June 30 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 30, 1954
24c. NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
24d. LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. June 30 1954
REGISTRAR'S SIGNATURE Fannie Hamilton
284-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur C. Bane St. Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Charles,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.