

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37889**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3008** Registrar's No. **25**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission)	
a. COUNTY St Charles	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	a. STATE SV Charles	b. COUNTY St. Charles
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Charles	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home		e. STREET ADDRESS (If rural, give location) 404 Mc Donough	

3. NAME OF DECEASED	a. (First) Josephine	b. (Middle) Hofmeister	c. (Last) Hofmeister	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 17 1955
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5. SEX Female (W)	6. COLOR OR RACE W C O W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) W C O W	8. DATE OF BIRTH NOV-28-1905	9. AGE (In years last birthday) 49 Months 11 Days 19 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Mo.	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Schornhorst	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Don't Know
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Theodore Hofmeister	17. ADDRESS 3734 Rabard
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ARTERIOSCLEROTIC HEART DISEASE		20 YRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c)		20 YRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		SENILE PSYCHOSIS 4 200	2 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JANUARY 15, 1954, to NOVEMBER 17, 1955, that I last saw the deceased alive on NOVEMBER 4, 1955, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Rother M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 11/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. Nov 18 1955	REGISTRAR'S SIGNATURE 284-0 Fannie Handman	25. FUNERAL DIRECTOR'S SIGNATURE witt Bros. & U. Co. 2929 So. Jefferson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 31 1935

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.....
Signature of Student Embalmer

Signed.....
Harold C. Witt

Licensed Embalmer No..... 435

P. O. Address 2929 S.....
H. Witt

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.