.S. No. 300
ev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-023391

FILED JUL 1 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5656

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 1 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hosp.

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

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3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Walter J. Hoffarth

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1958

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1904

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): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (City and State or Foreign Country): Antonia, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S

13a. FATHER'S NAME: Henry Hoffarth

13b. MOTHER'S MAIDEN NAME: Ida Klable

14. NAME OF HUSBAND OR WIFE: Sadie Nee Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Sadie Hoffarth Imperial, 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) Soldering Acid Poisoning. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) self injected in shop in

DUE TO (c) rear of home, at Imperial, Missouri on or about May 30 1958.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arthur Suicidal or Accidental could not be determined 9718

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Jury Verdict

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Imperial Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 30 58 ? 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 ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at* 7:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James M Kelly Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 6-2-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 2, 58

24c. NAME OF CEMETERY OR CREMATORY: Antonia Cemetery

24d. LOCATION (City, town, or county) (State): Antonia, Mo.

DATE REC'D BY LOCAL REG. JUN 2 '58

REGISTRAR'S SIGNATURE: Karl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heiligtag-- Antonia, 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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.