Health, Welfare Public Service

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1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035451
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 457

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Hos. — Length of stay in Ib instant

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY OR TOWN Belleville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 20 North 32 nd. St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Lester Middle: Arthur Last: Hofmeister
4. DATE OF DEATH Month: Oct. Day: 11 Year: 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Apr. 24, 1908
9. AGE (In years last birthday) 50 — 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) Constable
10b. KIND OF BUSINESS OR INDUSTRY County
11. BIRTHPLACE (City and state or country) Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter Hofmeister
14. MOTHER'S MAIDEN NAME Catherine Totsch
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. 328-03-7671
17. INFORMANT Address Edward Hofmeister Belleville, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Diabetes mellitus - years
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Coroners Case ~~and last saw~~ her him alive on
Death occurred at 1:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Acting Coroner Vincent P. Perna MD 3
22b. ADDRESS Dept. of Pathology Univ. of Missouri, Columbia
22c. DATE SIGNED 11 Oct 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 11, 58
23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery
23d. LOCATION (City, town, or county) (State) Belleville, Illinois
24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Oct 11, 1958
26. REGISTRAR'S SIGNATURE Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

31
0

OCT 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

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