

DEC 26 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

35939

## 1. PLACE OF DEATH

County AndrewTownship Jefferson

City

Registration District No. 13Primary Registration District No. 5017(No. 2 mi. No. of St. Joseph,

File No.

Registered No. 85

St.

Ward)

## 2. FULL NAME

Lula Hoffelmeyer

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFFrank H. Hoffelmeyer6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 28, 1885

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.421116

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of workAt Home.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Amazonia, Mo.

## 10. NAME OF FATHER

John Vetter

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland12. MAIDEN NAME OF MOTHER Elizabeth Yenni

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

## 14.

INFORMANT

Frank H. Hoffelmeyer

(Address)

St. Jos. Mo.

## 15.

FILED

19

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 14, 1928 19

## 17.

I HEREBY CERTIFY That I attended deceased from  
Oct 6, 1928, to Nov 12, 1928  
That I last saw her alive on Nov 12, 1928, and that  
death occurred, on the date stated above, at 6:00 A.M. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

46c Cancer of ColonCONTRIBUTORY  
(SECONDARY)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

## 19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Nov, 14, 1928 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or  
HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Auburn CemeteryNov, 16, 1928

## 20. UNDERTAKER

ADDRESS

Walter Meinhoffer 1302 Farson St.  
St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

