

FILED AUG 4 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23628

Primary Registration District No. 3046

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Monteau  
 (b) City or town California  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Ralph Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
 (Specify whether Lifetime)  
 In this community Lifetime  
 years, months or days)

3. (a) PRINT FULL NAME CAROLINE H. HOEPFINGER3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Wm. Hoepfinger 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased March 28 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 26 hr. min.9. Birthplace Monteau Co. Mo. 1  
 (City, town, or county) (State or foreign country)10. Usual occupation housewife

## 11. Industry or business

12. Name John H. Riestach  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Barbara Hoffmann  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Hoepfinger  
 (b) Address W. 1st St.17. (a) burial (b) Date thereof 7-24-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Monteau Evangelical Church18. (a) Signature of funeral director A. E. Wilson  
 (b) Address California, Mo.19. (a) 7-26-48 (b) H. R. Popajoy  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau  
 (c) City or town Jamestown  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
 year 1948 hour 11 minute A. M.21. I hereby certify that I attended the deceased from Aug 3  
1944 to July 24 1948  
 that I last saw her alive on July 24 1948  
 and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis  
 Duration 5 yearsDue to Phyrototoxic

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 7, 2, 4

Of autopsy

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (Specify type of place)

23. Signature Raymond Latham (M. D. or other)  
 Address California, Mo Date signed 7-25-48

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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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, MO

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