

Hoefler, Shirley Mae 1931 - 1932

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Hamilton</u> Township <u>Springfield</u> or Village <u>North College Hill</u> or City of _____		2. FULL NAME <u>Shirley Mae Hoefler</u> (a) Residence. No. <u>6504 Simpson Ave.</u> , (Usual place of abode)		21. DATE OF DEATH (month, day, and year) <u>March 28, 1932</u>	
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>March 27, 1932</u> , to <u>March 28, 1932</u> . I last saw her alive on <u>March 28, 1932</u> , death is said to have occurred on the date stated above at <u>10 A.M.</u>	
5. Single, Married, Widowed, or Divorced (write the word) <u>000</u>		6. DATE OF BIRTH (month, day, and year) <u>Feb. 14, 1931</u>		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Acute Bacteremia Enteritum 3/26/32</u> <u>myocardial infarction</u>	
7. AGE Years <u>1</u> Months <u>1</u> Days <u>14</u> If LESS than 1 day, hrs. or min.		8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>None</u>		CONTRIBUTORY CAUSES of importance not related to principal cause: <u>To Suffer</u> <u>3 weeks</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		Name of operation <u>None</u> Date of _____ What test confirmed diagnosis <u>Chemical</u> there an autopsy? _____	
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) <u>North College Hill</u> (State or country)		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
13. NAME <u>Joseph F. Hoefler</u>		14. BIRTHPLACE (city or town) <u>Louisville, Ky.</u> (State or country)		Manner of injury _____ Nature of injury _____	
15. MAIDEN NAME <u>Bertha Thome</u>		16. BIRTHPLACE (city or town) <u>Cincinnati, Ohio</u> (State or country)		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>David L. ...</u> M. D. Date _____ 193____ Address <u>Cincinnati, O.</u>	
17. The Signature of Informant and (Address) <u>Joseph F. Hoefler, 6504 Simpson Ave.</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>March 31, 1932</u>			
19. UNDERTAKER <u>Chas. H. Thonau & Son, Cincinnati, Ohio</u>		19a. Was body embalmed <u>yes</u> Embalmer's No. <u>2861.A.</u>			
20. FILED <u>April 4, 1932</u> <u>Alfred E. Janacek</u> Registrar					