

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6357

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township St. Louis Mo. Primary Registration District No. 1003  
 City St. Louis Mo. No. 3410 Wisconsin File No. 1238  
 State Mo. Registered No. 1238 St.      Ward     

**2. FULL NAME**

Sophia Wilhelm  
 (a) Residence. No. 3410 Wisconsin St. 24 Ward.       
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 1860

7. AGE - YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 7 25               

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
 (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) Ill.

10. NAME OF FATHER Philip Reitz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Henny Wilhelm  
 (Address) 3410 Wisconsin Ave.

15. FILED      19 28      REGISTRAR     

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 - 1928

17. I HEREBY CERTIFY That I attended deceased from 1/31, 1928, to 1/1, 1928, that I last saw her alive on 1-31, 1928, and that death occurred, on the date stated above, at 2:50 a m.

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

Chronic Myocarditis  
126 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Hypertensive disease  
90 (duration) yrs. mos. da.

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) Robert Ward, M. D.  
31, 1928 (Address) 1238 Wisconsin

\*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 Mo. Crematory DATE OF BURIAL Feb 3 - 1928

20. UNDERTAKER Ziegenhain Bros. 2623 Lehigh  
 ADDRESS     

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.

