

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

Do not use this space.

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251123

AUG - 5 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Lutheran Hospital)

File No.....
Registered No. 6577
St. Ward)

2. FULL NAME Sophie Swanzey

(a) Residence, No. 3535 Bingham St., 15 Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18th 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

13. NAME John H. Amelung

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Henrietta Sippen

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Irene E. Swanzey (ADDRESS) 3535 Bingham

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B Pk DATE 7/10/37

19. UNDERTAKER J. L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILE NO. JUL 8 1937 J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1937 to July 8th 1937

I last saw her alive on July 8th 1937 Death is said

to have occurred on the date stated above, at 11:20 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Cardiac Valvular Disease.

92a

Other contributory causes of importance:
Secondary Anemia from Intestinal Bleeding cause unknown

Name of operation None Date of operation
What test confirmed diagnosis? Laboratory there an autopsy? No

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.

Manner of injury
Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) Frank Danisco, M. D.

(Address) 1319 So. Bdway.

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.

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