DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 878

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 878

1. PLACE OF DEATH: FILED FEB 17 1940

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL")

(d) Street No. 6906 Reder Pl.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Sohler

3. (b) If veteran, name war

3. (c) Social Security No. 488-03-6145

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 4 (Day) 1893 (Year)

8. AGE: Years 46 Months 5 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Telephone Operator

11. Industry or business Bell Tele. Co.

FATHER
12. Name Henry Sohler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Henriette Moeller
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature W. H. Sohler
(b) Address 4960 Northland Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethleham Cem

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th. year 1940 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from Jan 9, 1940 to Jan 27th, 1940 that I last saw her alive on Jan 27th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adeno Carcinoma of Sigmoid Primary	6 mo (?)
Due to: Acute Metastases in liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings: Of operations Carcinoma - Sigmoid & liver
Of autopsy Same

PHYSICIAN — Underline the cause to which death should be charged statistically

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)
While at work? (e) Means of injury

23. Signature A. R. Shoffler (M. D. or other)
Address 1020 Mo. Theatre Bldg. St. Louis, Mo. Date signed 1-29-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 8-1-39 I X19511

No. Swater Mag
8 30 - 9 30
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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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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, above space should be left blank.