S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36020

State File No.

FILED DEC 11 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10069

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5915 Lillian Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 79
(If outside city or town limits, write "RURAL")

(d) Street No. 5915 Lillian Ave
(If rural, give location)

(e) Citizen of foreign country No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SOPHIA Von Derau

3. (b) If veteran, name war no

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm Von Derau

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 27th (Day) 1871 (Year)

8. AGE: Years 71 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Freeburg, Ills (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Philip Brieseacher
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Wm. Von Derau Jr.

(b) Address 5815 Lillian Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 5 (Day) 42 (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Calvin F. Fouty

(b) Address 4828 Nat Bridge Blvd

19. (a) DEC 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1942 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Arterio-sclerosis	
Due to	
Due to 9 A	
Other conditions (Include pregnancy within 3 months of death) 9 A	
Major findings: Of operations	
Of autopsy	

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 Alfred G. Perry (M. D. or other)

Address Deputy Coroner Date signed 12/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, 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.