

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5397**

JUN 19 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

**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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 3 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 000  
17

(c) City or town St. LOUIS  
921  
(If outside city or town limits, write "RURAL")

(d) Street No. 1929 Franklin Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sophia Louise Dresselhaus

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Dresselhaus 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 9 1857  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
85	10	2	hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation AT Home

11. Industry or business \_\_\_\_\_

12. Name Henry Rust

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Engenhouser

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Burrichter

(b) Address 1929 A. Franklin Ave.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUN 13 1943 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 11,  
year 1943 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from May 8, 1943 to June 11, 1943  
that I last saw har alive on June 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration

Due to Carcinoma of Bladder

Due to Uremia

Other conditions 52  
(Include pregnancy within 3 months of death)

Major findings: Ca. of bladder **PHYSICIAN**

Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature Robert R. Hartman (M. D. or other) 6/12/43  
Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4840 Lafayette

**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.**