S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13244

Registrar's No. 3454

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

**1. PLACE OF DEATH:**

(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: DePaul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 40 Years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 0009

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

(d) Street No. 4511 Clarence Ave.
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Sophia E. ~~Reed~~ Reed

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George J. Reed

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March, 13, 1883
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 0 | 29 | hr. min. |

9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

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

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

16. (a) Informant George J. Reed

(b) Address 4511 Clarence Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd.

19. (a) APR 14 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 12
year 1944 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 19, 1944, to April 12, 1944
that I last saw her alive on April 12, 1944
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Streptococcus viridans endocarditis, chronic | 8 days |
| Due to: General streptococcus viridans infection | 3 wks. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

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Major findings:
Of operations

Of autopsy Same as above

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 [signature] (M. D. or other) M.D.

Address 2202 University Date signed 4/13/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

**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.**