

No. 2
M-2-43
5-17-39
X35697

FILED SEP 21 1945
Registration District No. 318

Primary Registration District No. 1003

8111

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 6155 North Pointe /
(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 Missouri (b) County St. Louis

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

(d) Street No. 6155 North Pointe (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Frieda E. Sopp

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16, year 1945 hour 2:30 PM. minute _____ M.

21. I hereby certify that I attended the deceased from 1-6- 1942 to 9-16- 1945

4. Sex Female 5. Color or race White

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

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

that I last saw her alive on 9-16- 1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased: October 11, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 5 _____ hr. _____ min.

Immediate cause of death Carcinoma of uterus

Due to _____

Due to _____

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

10. Usual occupation At home

Other conditions metastases of abd.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

11. Industry or business _____

MOTHER FATHER { 12. Name David Bauer

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

14. Maiden name Unknown

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

Of autopsy _____

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs Albert G. Barrick

(b) Address 6155 North Pointe

17. (a) Burial (b) Date thereof 9/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(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) (e) Means of injury _____

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 18 1945 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other)

Address 607 N. Grand St. Date signed 9.17.45

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 *William G. Buchholz*
Licensed Embalmer No. *2110*
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.