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#85253
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5071

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 weeks
(Specify whether weeks, months or days)
In this community 65 years

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. 4404 No. Broadway
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHA EICHHORN

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased August 23, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Clara Lockwood

(b) Address 4468 Kenneth Place

17. (a) burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUN 2 1948 (b) J. F. Brackman (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1948 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4/27/48
to May 30th, 1948.
that I last saw her alive on May 30th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - failure

Due to acute sclerotic heart disease

Due to Myocardial infarction

Other conditions (Include pregnancy within 3 months of death) Myocardial infarction

Major findings: Of operations Of autopsy

Duration

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?

23. Signature J. F. Brackman 1515 Lafayette 6/1/48
(Specify type of place) (e) Means of injury (Specify type of place) (City or town) (County) (State) (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.....

L R Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2301 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.