

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11121

State File No. 3602

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>76-3320 Arsenal ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Anthony's Hosp.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amalia</b>		b. (Middle) _____		c. (Last) <b>Sobery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 1, 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Sept. 18, 1889</b>	
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Adolph Maslo</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Gendrysek</b>		14. NAME OF HUSBAND OR WIFE <b>John Sobery</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Sobery 3320 Arsenal ST.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSION ARTERIOSCLEROSIS</b>				UNK.	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>B-31A</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Dec 1, 1947</b> , to <b>Mar 31, 1950</b> , that I last saw the deceased alive on <b>Mar 31, 1950</b> , and that death occurred at <b>12:05A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Henry J. Cooper</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>818 Olive St. Louis 1 Mo.</b>		23c. DATE SIGNED <b>Apr. 1 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-4-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PK.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis, County</b>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <b>J. B. Hasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Will Bros L. &amp; U. Co. 2929 S. Jefferson Ave.</b>			

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

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1248427

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson Ave

**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.