

STANDARD CERTIFICATE OF DEATH

State File No. 35644

FILED NOV 10 1950

480

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

|   |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>  |   | PRIMARY REG. DIST. NO. <u>3064</u>   |  | Registrar's No. <u>2542</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Ferguson</u>  |  | c. LENGTH OF STAY (In this place) <u>9 Mo.</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>   |  | OR TOWN <u>4101</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 Abston Ave.</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>424 Abston Ave.</u>   |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Sophia</u>   |  |  | b. (Middle) <u>Woerheide</u>                  |  |  | c. (Last) _____  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1950</u>  |  | 5. SEX <u>Female</u>   |   | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>                            |  |
| 8. DATE OF BIRTH <u>Feb. 17, 1869</u>   |  | 9. AGE (In years, months, days) <u>81</u>  |   | IF UNDER 1 YEAR <u>0</u>   |  | IF UNDER 12 HRS. <u>0</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>  |   | 11. BIRTHPLACE (State or foreign country) <u>Union, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |
| 13a. FATHER'S NAME <u>John Scherrer</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Bauman</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>August Woerheide</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Smith, Ferguson, MO.</u> ADDRESS _____  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>(Stroke) Cerebral Hemorrhage</u><br><u>of the left side</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Dr. myocardial</u><br>DUE TO (c) <u>Arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10-10-50</u><br><u>1945</u><br><u>1938</u><br><u>4221</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>   |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |   | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____  |  | 21f. HOW DID INJURY OCCUR? _____   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 22. I hereby certify that I attended the deceased from <u>10-10-</u> , 19 <u>50</u> , to <u>10-17-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-17-</u> , 19 <u>50</u> , and that death occurred at <u>7:00 P.</u> m., from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>Ray Johnson</u> (Degree or title) _____   |  |  |   | 23b. ADDRESS <u>Ferguson, MO.</u>  |  | 23c. DATE SIGNED <u>10/18/50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>10/20/50</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Ev. Church Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Gerald, Missouri.</u>                           |  |
| DATE REC'D BY LOCAL REG. <u>10-20-50</u>  |  | REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>  |   | FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ferguson, Mo.</u> ADDRESS _____  |  |  |  |

RWR (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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*D. M. White*

Signed.....

Student Embalmer

Licensed Embalmer No. *5973*

P. O. Address *Terragon, Me*

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.