

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Marion
Township Mason
or
Village
or
City Hamburg (NO 2018 Hope St. 6 Ward)

Registration District No. 547 File No. 17639
Primary Registration District No. 3029 Registered No. 189

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sophia R. Troppman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married
MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Dec 27 1858
(Month) (Day) (Year)

7 AGE 59 yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) St Louis Mo

PARENTS
10 NAME OF FATHER Jacob Dreyer
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
12 MAIDEN NAME OF MOTHER Vereina Weber
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 29 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 2 1918 to May 29 1918 that I last saw her alive on May 29 1918 and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage
La Grippe 64
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) R. J. Saunders M. D.
May 30 1918 (Address) 5105 Marshall St

*Specify the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frieda Troppman
(Address) Hamburg

15 Filed May 31 1918 Registrar J. J. ...

19 PLACE OF BURIAL OR REMOVAL Methodist Cemetery DATE OF BURIAL May 31 1918
20 UNDERTAKER W. J. ... ADDRESS Hamburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

