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.

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

Do not use this space.

34540

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township — Primary Registration District No. 3037 — Registered No. 202
City Kirkwood (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Socker
(a) Residence. No. 407 Rose St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Socker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

PARENTS
10. NAME OF FATHER Louis Huber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Fred Socker
(Address) 407 Rose Ave.

15. FILED 12/10 1927 C. E. Barnett MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 1927

17. I HEREBY CERTIFY, That I attended deceased from 7:00 A.M. Nov 19th 1927, to Nov 19th 1927 that I last saw her alive on Nov. 19th (11 A.M.) 1927, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchiopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Cardio vascular failure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. B. Waters, M. D
11/19, 1927 (Address) Kirkwood, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem Cem.
DATE OF BURIAL Nov. 21 1927

20. UNDERTAKER Theo. W. BEIDERWIEDEN.
ADDRESS 1936 St. Louis ave.