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

Do not use this space. 2552

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3

Township ..... Primary Registration District No. 1003 Registered No. 103

City ..... (No. 5162 Maple St. ..... Ward)

2. FULL NAME Sophia Bensieks

(a) Residence. No. 5162 Maple St., 12 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): Widow

5A. ~~If Married~~, Widowed, ~~or Divorced~~ ~~Husband of~~ (or) WIFE OF John C. Bensieck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1846

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	10	9	

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) Westphalia
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Birkenkemper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Von Hagenbeck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Leonora Kruckemeyer
(Address) 5162 Maple Ave

15. FILED JAN -1 1928, 19 Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 8 1927, to Jany 1 1928, that I last saw her alive on ~~Jany~~ Dec 31 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
94A
93A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Other Home St Louis
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Consultation
(Signed) A. W. Marquardt, M. D.
, 19 (Address) 977 Arcade Bldg

*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: Bellefontaine
DATE OF BURIAL: Jan 5 1928

20. UNDERTAKER: Bensieck-Niehaus
ADDRESS: 1138 N 6

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.

WHITE PERINET, WITH UNFADING INK—THIS IS A PERMANENT RECORD