

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

Do not use this space.

25772

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo** (No. **Mullanphy Hosp**)

File No.
Registered No. **7593**
St. Ward)

2. FULL NAME

Sophia Podeyn
(a) Residence. No. **5325 Maffett Ave** St. **6** Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 15 - 1860**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	67	10	6	

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) **St. Louis Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Henry Schaefering**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Louise Stempfer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Emma Beckmann**
(Address) **5325 Maffett Ave**

15. FILED **71 21 1928** **Wm C Starkoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 21 1928**

17. I HEREBY CERTIFY That I attended deceased from **7-17**, 19**28** to **7-21**, 19**28** that I last saw him alive on **7-21**, 19**28** and that death occurred, on the date stated above, at **2:20 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post operative Shock.
40A
41B
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Carcinoma - uterus - ovaries - metastatic etc**
..... (duration) yrs. **6** mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? **40A**

1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **7-20-28**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Biopsy**
(Signed) **W. B. ...** M. D.
7-23, 1928 (Address) **Overton 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 **St. Peters** DATE OF BURIAL **July 24 1928**

20. UNDERTAKER **Hy Leidner Undertaker St. Market** ADDRESS **1417**

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.

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