

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

Do not use this space.

32107

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Westminster Hospital)

File No.

Registered No. 9406

St. Ward)

2. FULL NAME

Sophie Holle

(a) Residence No. Okawville Ill St. 8 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

Sty Holle

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

Oct 5 1864

7. AGE

YEARS

MONTHS

DAYS

69

11

16

If LESS than 1 day, hrs. or min.

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)

Okawville Ill

10. NAME OF FATHER

Fred Schmidt

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 (Address)

Sty Holle Okawville Ill

15.

FILED SEP 22 1928

May C. Storkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1928, to Sept 21 1928

that I last saw h. or alive on Sept 21 1928, and that death occurred, on the date stated above, at 2 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Artery Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

HTG

(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) Dr. G. H. King, M. D.

Sept 21 1928 (Address) 8612 Pilcher Ferry Rd

*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

DATE OF BURIAL

Okawville Ill

Sept 29 28

20. UNDERTAKER

ADDRESS

Thos. W. Berdwin

1936 St Louis

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.

PERMANENT RECORD

THIS IS

WITH ORIGINAL INFORMATION

