

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

Do not use this space.

7424

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp. St. Louis, Mo Primary Registration District No. 1603
 City St. Louis, Mo (No. 4410 & Minnesota Ave) St. 1741 Ward

2. FULL NAME

Sophia Kunkel
 (a) Residence. No. 4410^a Minnesota St. 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 29-1853</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	If LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>House Wife 235</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Germany 10.
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT: Frank Bellm.
 (Address) 4404 Delov

15. FILED 10 1931
 REGISTRAR W. C. Staker

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8- 1931.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1931, to Feb 7 1931 that I last saw her alive on Feb 7 1931, and that death occurred, on the date stated above, at 7:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Carcinoma
46B
97.
157. (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY Arterio Sclerosis - senile change
 (SECONDARY) (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRAICTED 46B
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) William H. Broder M. D.
19- 1931. (Address) 1126 Sidney

*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. Matthews, Lem. DATE OF BURIAL 2-11-1931.

20. UNDERTAKER Ziegenhain Bros. 2623 Cherokee St. ADDRESS

WHITE PEARLY V. WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

