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.

19693

File No.
Registered No. 5668

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1008
City St Louis Mo (No. Lutheran Hospital St. Ward)

2. FULL NAME Sophie Wollmershauser

(a) Residence. No. 7238 High St. St., 24 Ward. Maplewood Mo
(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 Arthur Wollmershauser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1889

7. AGE: Years 41 Months 10 Days 4 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) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Michael Krill
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Bauer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Arthur Wollmershauser
(Address) 7238 High St Maplewood

15. FILED 19 Mat Ostricher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1931

17. I HEREBY CERTIFY, That I attended deceased from May 7 1931 to May 15 1931 that I last saw her alive on May 7 1931 and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Peritonitis Pelvic from an Operation for Abscess of right Tube cause unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Louis
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 11-1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Pus in Urine
(Signed) Lewis Hutton M. D.
5/16 1931 (Address) 3400 Colley Av.

*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: Valhalla
DATE OF BURIAL: May 18 1931

20. UNDERTAKER: Augustin Funeral Co
ADDRESS: 8234 Manchester