WRITE PLAINLY, 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.

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

Do not use this space.

14314

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 10

City St Louis Mo (No. Christian Hosp St. ..... Ward)

File No. .....

Registered No. 3650

2. FULL NAME Sophie Arras

(a) Residence, No. 2032 Linton Ave St., 9 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: Fred Arras.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 - 1904

7. AGE: YEARS 28 | MONTHS 2 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Peter Maason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Catherine Schrader

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Fred Arras. 2032 Linton ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waterloo Ills. DATE April 15, 1932

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co. 1417 S. Market St.

20. FILED APR 11 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1932, to 4-12, 1932

I last saw her alive on 4-12, 1932 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from torn ovarian artery 14 [illegible]	4/11/32
Other contributory causes of importance: Ectopic Gestation	2/1/32
Peptic ulcer	

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robt C McEvan, M. D.

(Address) 4356 Warne