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

Do not use this space.

File No. 21523
Registered No. 6657

1. PLACE OF DEATH

County ..... Registration District No. 707
Township ..... Primary Registration District No. 2007
City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Sophie Hallback

(a) Residence, No. 4512 N 20th 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: Aaron M. Hallback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19, 1856

7. AGE: Years 75 | Months 7 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Germany

FATHER
13. NAME: Henry Mier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Aaron Hallback 4512 N 25th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson City DATE July 21, 1932

19. UNDERTAKER (ADDRESS): Dreihmann Kornel 1905 Lindell Blvd

20. FILED July 11, 1932 Mary C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 18, 1932
I last saw him alive on July 18, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis with Sepsis	
3 hr	
12 hr	
1½	

120

Other contributory causes of importance:
Old age
Extreme heat

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Dr Arthur Schwesenbach M. D.
(Address) 3001 N. Grand Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Br Henderson
Marcus Bldg
Grand & Linden