

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.

JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **801**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Deaconess Hospital**) St. Ward)

41457

File No.
Registered No. **11452**

2. FULL NAME **Sophia Sewing**

(a) Residence, No. **2322 Montgomery St.** St. **20** 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 **Fredrick Wm. Sewing**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15th, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home**
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) **St. Louis, Mo.**

FATHER 13. NAME **Casper Kroeger**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Louise Moeller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **J. H. Sewing 2322 Montgomery St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Cem.** DATE **Dec. 3rd, 1934**

19. UNDERTAKER (ADDRESS) **Drehmann & Sons 1905 Union Blvd.**

20. FILED **15C - 3 1334** **J. F. Bredeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 30th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 3, 1934** to **Nov 30, 1934**

I last saw her alive on **Nov. 30, 1934**. Death is said

to have occurred on the date stated above, at **6:30 P.M.**

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

Chronic myocarditis Date of onset **1933**
(**Thyrotoxic Heart**)
6-9-34 **6-10-34**
Other contributory causes of importance: **Thyrotoxicosis** **1933 (R)**

Name of operation **Thyroidectomy** Date of **11-30-34**
What test confirmed diagnosis? **metastasis** Was there an autopsy? **No**

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) **A. P. Sheffler** M. D.
(Address) **1020 Madison Bldg - Kansas**

