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

FEB 21 1935

Do not use this space.

791
1003

3253

File No.
Registered No. 549

1. PLACE OF DEATH

County
Township
City St. Louis (No. 6604, Pennsylvania St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Sophie Henrietta Pape

(a) Residence, No. St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17. 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) Germany 10

FATHER

13. NAME Philip Pfaertner

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Will Pape
(ADDRESS) 6600 Pennsylvania.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National. Cem. DATE 1-15- 1935

19. UNDERTAKER C. Hoffmeister U. L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED JAN 15 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 12, 1935. Last saw her alive on Jan 12, 1935. Death is said to have occurred on the date stated above, at 11:07 P.M.

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

	Date of onset
Arteriosclerosis	1/1/32
Myocarditis Chronic	
Other contributory causes of importance	
Cirrhosis of Liver	1/1/32

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Marcella L. Tibz, M. D.
(Address) 7110 Heidungan Av.

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.

100M-11-24-33

230 pm