

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.

AUG 9 1935

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

Do not use this space.

24861

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4908** **Devonshire** St. Ward)

2. FULL NAME **Sophia Walters**

(a) Residence, No. **4908** **Devonshire** St. **14** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **31** 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. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF E. Walters		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1864		
7. AGE	YEARS	MONTHS
	71	1
		DAYS
		10
		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.	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN)..... Gerald (STATE OR COUNTRY)..... Missouri		
FATHER	13. NAME Chas. Gerling	
	14. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY).....	
MOTHER	15. MAIDEN NAME Louise Bergham	
	16. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY).....	
17. INFORMANT Mrs. C. H. Magee (ADDRESS) 4908 Devonshire		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE July 24 , 19 35		
19. UNDERTAKER A. H. M. Laughlin (ADDRESS) 2301 Lafayette Ave J. B. Bredeck		
20. FILED 19..... JUL 24 1935 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1935
22. I HEREBY CERTIFY, That I attended deceased from 5-22-35 , 19..... to 7-22-35 , 19..... I last saw her alive on 7-22-35 , 19..... Death is said to have occurred on the date stated above, at 12:50PM The principal cause of death and related causes of importance were as follows: Chronic myo. carditis? 930 Other contributory causes of importance:
Name of operation..... Date of..... What test confirmed diagnosis?..... 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) O. C. Pfeiffer , M. D. (Address) 4523 S. Kingshighway

