

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

Do not use this space.

1. PLACE OF DEATH **14 1936**

**791  
1003**

**24613**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City **St. Louis** (No. **Ohio & Potomac Lutheran Hospital**)..... Ward)

File No.....  
Registered No. **6234**

2. FULL NAME **Sophie E. Hammer**  
(a) Residence, No. **5461 DeLor St.**, s. St., **14** 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17<sup>th</sup>, 1936**  
22. I HEREBY CERTIFY, That I attended deceased from **June 10<sup>th</sup>, 1936, to June 17<sup>th</sup>, 1936**  
I last saw him alive on **June 17<sup>th</sup>, 1936** Death is said to have occurred on the date stated above, at **4 P.** m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 19th, 1887**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
**48 9 28**

**Ulcerative Colitis** Date of onset **54 yrs**

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.....

Other contributory causes of importance:  
**Malnutrition** years  
**Intestinal Obstruction** weeks  
**due to colitis**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

Name of operation **Colostomy** Date of **6-14-36**  
What test confirmed diagnosis? **o** Was there an autopsy? **No**

13. NAME **Wm. A. Luft**  
14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME **Sophie Meier**  
16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

Manner of injury.....  
Nature of injury.....

17. INFORMANT **Wm A. Luft** (ADDRESS) **5461 DeLor St.,**

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify..... (Signed) **Arnold Klein**, M. D.  
(Address) **4663 Wagonwheel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus Cem 6/20/36**

19. UNDERTAKER **John L. Ziegenhein & Sons** (ADDRESS) **7027 Gravois Ave.**

20. FILED **JUN 19 1936** **J. F. Brideck** Registrar.

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. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

