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.

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

Do not use this space.

File No. 32600
Registered No. 8472

1. PLACE OF DEATH
County SEP 15 1936 Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 3946 Cleveland Ave. St. Ward)

2. FULL NAME Sophie Rederer

(a) Residence, No. St., 17 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1862

7. AGE: Years 73 | Months 9 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

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) Bohemia

FATHER
13. NAME Jacob Rederer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER
15. MAIDEN NAME Elizabeth Block
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Bessie Harris
(ADDRESS) 6353 Northwood

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Sinai DATE 8-16 1936

19. UNDERTAKER Herman Lindskoy
(ADDRESS) 5216 DELMAR BLVD.

20. FILED AUG 14 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1936, to August 13th, 1936.
I last saw her alive on August 13th, 1936. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
& Aortic Stenosis	
Other contributory causes of importance:	
Arteriosclerosis	

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) Louis A. Brandenburger M. D.
(Address) 3922 Cleveland Ave.