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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 5 1936

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

Do not use this space.

35863

791

1003

File No. 9486

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Missouri-Baptist Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Sophie Letitia Tunnell

(a) Residence, No. 918 St. Louis Street St., NR Ward. Edwardsville, Ill.
(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) February 14th, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Story Writer

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) Edwardsville, Illinois

FATHER

13. NAME Robert Ferdinand Tunnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Otillie Springer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville, Illinois

17. INFORMANT Fred Springer
(ADDRESS) Edwardsville, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardsville, Ill. DATE Sept. 16th, 1936

19. UNDERTAKER Albert H. Hoppe,
(ADDRESS) 429 N. Euclid Avenue

20. FILED SEP 15 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9. 2., 1936, to 9. 14., 1936

I last saw h. alive on 9. 14., 1936. Death is said to have occurred on the date stated above, at 10 a. m.

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

	Date of onset
Myocarditis: Myocardial and general vascular degeneration of a chronic type	

Other contributory causes of importance: Possibly the Leaked term

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Frank P. Fry, M. D.

(Address) Metropolitan Bldg

Metropolitan Abbey
2-5 PM