

JAN 10 1937

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

Do not use this space.

46189

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 7509, Virginia 1003)

File No.....
Registered No. 11973
St. Ward)

2. FULL NAME Mrs. Sophia Hinrichs

(a) Residence, No. 7509 Virginia 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 55 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G. Hinrichs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household
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) Hanover, (STATE OR COUNTRY) Germany

13. NAME Henry Kirchhefer

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

15. MAIDEN NAME Adine Tholen

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

17. INFORMANT Miss Frieda Hinrichs (ADDRESS) 7509 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cemetery 12/5/36

19. UNDERTAKER Beiderwieden Funeral Home, Inc. (ADDRESS) 827 1/2 St. Louis Avenue

20. FILED DEC 5 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from about June, 1933, to Dec. 2 - 1936
I last saw her alive on Dec. 2 - 1936 Death is said to have occurred on the date stated above, at 1:45 P. M., in id.

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

Cerebral Hemorrhage Date of onset
Arterio Sclerosis

Other contributory causes of importance: Arterio Sclerosis

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Paul Vinograd, M. D.
(Address) 3718 1/2 Olive - St. Louis, Mo.

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.

