

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **FEB 8 1937**
 Township..... Primary Registration District No.
 City **St. Louis, Mo.** (No. **4816a**, Terrace **9**) St. _____ Ward _____

4280

File No. _____
 Registered No. **1344**

2. FULL NAME MRS. SOPHIE HOMEIER

(a) Residence, No. **4816a Terrace** St. **2** Ward **1**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** yrs. **3** mos. **17** 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 Henry Homeier		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1860		
7. AGE YEARS 76	MONTHS 3	DAYS 17
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife 235		
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)..... Luerbeck (STATE OR COUNTRY) Germany		
13. NAME Carl Heimsath		
14. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)		
17. INFORMANT Miss Amanda Homeier, (ADDRESS) 4816a Terrace		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cemetery DATE 2/1/37		
19. UNDERTAKER Beiderwieden Funeral Home, Inc. (ADDRESS) 1956 St. Louis,		
20. FILED 30 1937 19 J. Bredsch Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 29, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15, 1936** to **Jan 29, 1937**
 I last saw him alive on **Jan 29, 1937** Death is said to have occurred on the date stated above, at **9:20 A.M.**
 The principal cause of death and related causes of importance were as follows:
Parkinsonia Epilepsy 37y. ago.
 Other contributory causes of importance: **g76**

Name of operation..... **No** Date of.....
 What test confirmed diagnosis?..... **Phys. findings** 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 **Joseph Baack**
 (Signed) **Joseph Baack**, M. D.
 (Address) **4700 Gravois**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4700