

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township "
City " (No. ")

Registration District No. 125
Primary Registration District No. 3009

File No. 40872
Registered No. 365
St. 5 Ward 118

2. FULL NAME

Sophia M. Strack
(a) Residence, No. 719 So. Frederick St., 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)

Widowed

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

V

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

Apr 24 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

MOTHER FATHER

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

Housewife

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)

Commerce, Mo.

13. NAME

Ambrose Oberle

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

Germany

15. MAIDEN NAME

Louise Heider

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

Germany

17. INFORMANT

(ADDRESS) Mrs Emma Niederhoss
Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Paragould Ark DATE Nov 18 1937

19. UNDERTAKER

(ADDRESS) Waltham Funeral Home
Cape Girardeau Mo.

20. FILED

11-15-37 J. M. Thompson
Registrar.

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

Nov - 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 13, 1937, to Nov 15, 1937

I last saw her alive on Nov 13, 1937 Death is said to have occurred on the date stated above, at 4/10 a.m.

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

Date of onset

Cerebral hemorrhage 11/13/37

Other contributory causes of importance:

Arterio sclerosis ?

Name of operation No Date of 0What test confirmed diagnosis? Physic Was there an autopsy? No

23. If death was due to external cause (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) Wm H. Wenzel M. D.(Address) Cape Girardeau Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

