

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECD APR 11 1938

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1

791

1003

9420
Do not use this space.

Registered No. 3009

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. 1915 Utah (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sophia Marie Waters 362

(a) Residence, No. 1915 Utah St. 24 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Alexander Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>87</u>	<u>9</u>	<u>7</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 13. NAME Henry Koenig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

MOTHER 15. MAIDEN NAME Mary Kloepper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

17. INFORMANT Miss. Sophia Waters (ADDRESS) 1915 Utah Street
 18. BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem. Mar. 30, 1938
 19. FUNERAL DIRECTOR Weick Bros. (ADDRESS) 2201 So. Grand Blvd.
 20. MAR 30 1938 J. D. Budick (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to March 28, 1938. I last saw him alive on March 28, 1938. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Angina pectoris
Atherosclerosis
 Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? 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) J. W. Jennings M. D.
 (Address) 3315 S. Jefferson Ave

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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3315-Bo. Jefferson

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed George C. Weick
Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)