

DECEMBER 12 1938

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

37167

Do not use this space.

791

1003

9494

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. 4335 Prairie Ave. Registered No.....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 5 yrs. mos. ds.

## 2. PRINT FULL NAME

320 Sophie Setje  
(a) Residence, No. 4335 Prairie Ave. St. 9  
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1870		
7. AGE 67	YEARS 11	MONTHS 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife		
9. Industry or business in which work was done, as 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) Germany 1		
13. NAME Julius Schroeder		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6		
15. MAIDEN NAME Sophie Moeller		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6		
17. INFORMANT (ADDRESS) Carl Setje 4335 Prairie Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 11/3/38 19		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand		
20. FILE NO. NOV 1 1938 J. P. Bredek Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1938 to Oct. 31, 1938  
I last saw h. or alive on Oct. 31, 1938 Death is said to have occurred on the date stated above, at 7 A.M.  
The principal cause of death and related causes of importance were as follows:  
Diabetes  
chronic hepatic  
57  
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) Benjamin B. Helm M. D.  
(Address) 1928 East Grand

**STATEMENT BY LICENSED EMBALMER .**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3041

P. O. Address 2117 E. 8th

**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.)**

**If this body is not embalmed, above space should be left blank.**