

DEC'D JAN 11 1939

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

41388

Do not use this space.

11080

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **St. Luke Hospital** St. _____
 (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 J. Brasier**

(a) Residence, No. **6245 Olive St. Road** St. **WR** **University City, Mo.**
 (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 **Harry Berasier Brasier**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1874.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 II 2I
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **Missouri**

FATHER 13. NAME **Adolph Sackse**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Engle Eriklh**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Harry Brasier**
 (ADDRESS) **6245 Olive St. Road**

18. BURIAL, CREMATION, OR REMOVAL **Memorial Park Cem. DATE Dec. 26/38.**

19. FUNERAL DIRECTOR **Jos. W. Clark**
 (ADDRESS) **1125 Hodiamont Ave.**

20. FILED **DEC 26 1938** **J. D. Beckel** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec, 23/38.** 19

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 21** 1938, to **Dec. 23** 1938
 I last saw her alive on **Dec. 23** 1938. Death is said to have occurred on the date stated above, at **10.00 P. M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic diffuse nephritis
 Date of onset **Unknown**

Other contributory causes of importance:

Name of operation..... **physical** Date of.....
 What test confirmed diagnosis? **Examination** Was there an autopsy? **YES**

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) **Wanda Beckel** M. D.

(Address) **3720 Washington**

3720 Washington
12th Nov. 1911

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Jos. W. Clark
Licensed Embalmer No. I66I

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.)