

ESD JUN 8 1939

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

17634
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 355
 (b) Township 2nd Primary Registration District No. 190 Registered No. 2036
 (c) City St. Louis or St. Louis (d) Street No. 4122 East 14th Per
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 160 Mrs. Margaret Sopher
 (a) Residence, No. 4122 14th Per St. 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 ♀ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 12 hrs.

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.
 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) Applegate

FATHER
 13. NAME Frank M. Laughlin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Miss W. Auliffe
 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Geo W Sopher
4122 East 14th Per

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 5/16/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Son
Lemwood Main

20. FILED May 15 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939

22. HEREBY CERTIFY, That I attended deceased from May 14 1939 to May 14 1939
 I last saw her alive on May 14 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
 Date of onset

Other contributory causes of importance: ABC

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) M. H. Keefer, M. D.
 (Address) 1701 Jackson

K. 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.

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.....

P. O. Address.....

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.