

WRITE PLAINLY, 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.

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

20433  
Do not use this space.

JUL 12 1939

791  
1008

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (d) Street No. 1140 N. Kingshighway  
 (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.

Registered No. 5277

**2. PRINT FULL NAME**

Sophia Johnson  
 (a) Residence, No. 1140 N. Kingshighway St. 12  
 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>August Johnson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 23rd, 1850</b>		
7. AGE YEARS <b>88</b>	MONTHS <b>8</b>	DAYS <b>17</b>
IF LESS than 1 day.....hrs. or.....min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housewife</b>		
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) <b>Germany</b>		
13. NAME <b>William Wolf</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
15. MAIDEN NAME <b>Marguerite Manewald</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT (ADDRESS) <b>Mr. August Johnson 1140 N. Kingshighway</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peters Cem.</b> DATE <b>June 13th, 1939</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Drehmann Funeral 1905 Union Blvd.</b>		
20. FILED <b>JUN 13 1939</b> <i>J. D. Bruck</i> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to June 10, 1939.  
 I last saw her alive on June 10, 1939. Death is said to have occurred on the date stated above, at 9:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

<b>Chronic Myocarditis</b>	Date of onset <b>8/9/38</b>
<b>Chronic Nephritis</b>	<b>8/9/38</b>

Other contributory causes of importance:

Name of operation.....**Apical resection**..... 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?.....  
 If so, specify.....  
 (Signed) Georg Krueger, M. D.  
 (Address) 3442 Huddell Ave

3442  
8-9  
2-4  
Blanchard

**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 R M Sanford  
Licensed Embalmer No. 2273  
P. O. Address St. Louis

**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.**