

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  
STANDARD CERTIFICATE OF DEATH

State File No. 408270  
Registrar's No. 1962

Registration District No. 1824

Primary Registration District No. 200

1. PLACE OF DEATH:  
 (a) County St. Louis,  
 (b) City or town Pine Lawn,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4201 Edgewood. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 years.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary H. Soper, 160  
 3. (b) If veteran, name war no 3. (c) Social Security No. none  
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 28th, 1881  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 10 If less than one day hr. min.

9. Birthplace W. Alton, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housework 4

11. Industry or business \_\_\_\_\_ 6

12. Name Geo. Sanford 7

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Soper  
 (b) Address 9529 Emerson Overland, 2 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11th, 1939 (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director W. K. Meyer M.D. & Co.  
 (b) Address 1417 N. Market Street

19. (a) NOV 9 1939 (Date received local registrar) (b) W. K. Meyer M.D. & Co. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Edgewood Nursing Home,  
4201 Edgewood Ave., (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 8 year 1939 hour 3 minute 47 P. M.  
 21. I hereby certify that I attended the deceased from Dec. 1937 to Nov 8, 1939  
 that I last saw her alive on 11. 8. 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Central arteriosclerosis  
Old hemiplegia  
 Duration 4 years  
 Due to \_\_\_\_\_ 2 years  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 930  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? 9529 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Eugene Boyd (M. D. or other) 1/11/39  
 Address 3220 S Grand Date signed 11/9/39

Congen v organ  
3345 St. Louis

**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 Homer L. Pender

Licensed Embalmer No. 8367

P. O. Address 2223 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.**