DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4243

Registration District No. 791 FILED MAR 2 1940 Primary Registration District No. 1003 Registrar's No. 1073

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 18 (If outside city or town limits, write "RURAL")

(d) Street No. 4037 Clayton (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Sophie Adams

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 14, 1880 (Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 17 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife 7

11. Industry or business

FATHER
12. Name Nicholis Dolis 1
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Mary Schwein
15. Birthplace Naperville (City, town, or county) Ill (State or foreign country)

16. (a) Informant's own signature John Adams

(b) Address 4037 Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/1940 (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter&Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) FEB 2 1940 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1940 hour 12.20 minute P M.

21. I hereby certify that I attended the deceased from Jan. 24. 40, 19, to Jan. 31, 1940; that I last saw her alive on Jan. 31, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	7 days.
Cerebral Hemiplegia.	3 days,
Due to	
Due to Hypertension.	0
Auricular Fibrillation.	0
Other conditions (Include pregnancy within 3 months of death) Nephritis	

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN — 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) No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3115 S. Grand St Louis Mo Date signed Feb. 2. 40.

(Licensed Embalmer's Statement on Reverse Side)

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.

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. Ernest W. Spillers

Licensed Embalmer No. H 080

P. O. Address. 3528 Russell O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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