DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8697

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2180

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: ST. LOUIS ALTENHEIM. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 YRS. (Specify whether

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST LOUIS. 15 (If outside city or town limits, write "RURAL")

(d) Street No. 5408 S. BROADWAY. (If rural, give location)

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

3. (a) PRINT FULL NAME SOPHIA HERSCHBACH.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex FEMALE.

5. Color or race WHITE

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

6. (b) Name of husband or wife KARL.

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

7. Birth date of deceased SEPT. (Month) 2. (Day) 1859 (Year)

8. AGE: Years 80 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY (City, town, or county) — 6 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME.

FATHER
12. Name UNKNOWN - 9
13. Birthplace UNKNOWN (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature John W. Hoon

(b) Address 5408 S. Broadway -

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 5 - 40 (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM

18. (a) Signature of funeral director Jos. P. Friedler Jr.

(b) Address 7128 Michigan

19. (a) MAR 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging by bath-robe cord tied around neck, attached to door-knob of closet door in her room (Room 119) St. Louis Altenheim, 5408 S. Broadway. SUICIDE.

Duration

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Suicide

(b) Date of occurrence 3/3/1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

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

While at work? NO (e) Means of injury Hanging

23. Signature Joseph M. Quinn (M. D. or other)

Address Deputy Coroner Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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. Jos. P. Fendler Jr

Licensed Embalmer No. 925

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.