

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

16531

State File No.

4009

JUN 15 1940 791  
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Sophia De Vries 16<sup>2</sup>

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife Jacob De Vries 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 28 1847  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	9	4	hr. _____ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Jacob Cohn

12. Name Jacob Cohn

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

14. Maiden name unknown

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

16. (a) Informant's own signature J. C. A. McLenon

(b) Address 5168 Cates Ave.

17. (a) Burial (b) Date thereof 5-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive (Jewish)

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) MAY 4 1940 (b) J. F. Bredner  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5186 Cates Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd.  
year 1940 hour 10 minute 40 A. M.

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

Immediate cause of death Fracture of skull; subdural hemorrhage; suffered in fall down the steps from first floor of her home to basement, April 29th 1940, about 2.35 P.M. ACCIDENT. 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) Accident  
(b) Date of occurrence 4/29/1940  
(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? Home

While at work \_\_\_\_\_ (Specify type of place)  
(Specify means of injury)  
23. Signature Alfred Perry (M. D. or other)  
Address Republic Home Date signed 5-4-40

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**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.....

*C. W. Cooper*

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

**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.**