

NOV 16 1940  
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution 1522 1/2 S. 11th St.  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 20  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Sophie Bristol  
3. (b) If veteran, name war none  
3. (c) Social Security No. 720

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Robert Bristol 6. (c) Age of husband or wife if alive 1858 years  
7. Birth date of deceased Dec. 17 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name John Hensel

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

14. Maiden name Louisa Hoever

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

16. (a) Informant Arthur Bristol

(b) Address 1522 1/2 S. 11th St.

17. (a) Burial (b) Date thereof 10-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director with Mrs. L. H. H.

(b) Address 2929 S. Jefferson Ave.

19. (a) Oct 3 1940 (b) J. H. Hensel (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1522 1/2 S. 11th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1940 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept 18 1939 to Oct 1 1940  
that I last saw her alive on Sept 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis  
Due to arterio Sclerosis

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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?

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury !

23. Signature L. W. Reher (M. D. or other)

Address 2849 California Date signed 10/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

*Paul A. Shanklin*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *29998 Jefferson*

**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, fact should be so stated above.**