

**D MAR 25 1941 791**  
Registration District No.

Primary Registration District No.

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:  
2061 Russell Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Sophia Singler  
3. (b) If veteran, name war None  
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 Jacob J. Singler  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 28, 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Housework  
11. Industry or business At Home

MOTHER FATHER {  
12. Name Michael Foerstel  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Schrand  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature August Singler  
(b) Address 2061 Russell Blvd.

17. (a) Burial (b) Date thereof Feb. 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm J. Robert & U. G.  
(b) Address 1905 So. Grand Blvd.

19. (a) FFR 14 1941 (b) J. J. Lebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2061 Russell Blvd.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12  
year 1941 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 4  
1941 to Feb 12 1941  
that I last saw her alive on Feb 11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia  
Duration 2 days

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

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death) Years

PHYSICIAN  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none  
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? \_\_\_\_\_  
(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 W. J. Lebeck (M. D. or other) MD  
Address 325 S. Lafayette Date signed \_\_\_\_\_

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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.....

*John Stetter*

Licensed Embalmer No. 3880

P. O. Address.....

**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.**