No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26824

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6616

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

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:
3437 Alberta St.
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3437 Alberta St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME Sophie Gnau

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Gustave Gnau

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

7. Birth date of deceased March 5, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Charles Eberle
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Waller
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Gus Gnau
(b) Address 3457 Alberta St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 13 1941 (Date received local registrar) (b) J. V. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 2, 1940, to Aug 11, 1941;
that I last saw him alive on Aug 10, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocarditis acute	10 day
Due to Hypertensive arteriosclerosis	11 months
Due to Chronic Interstitial Nephritis	11 months
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)
(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 Albert F. Bruin (M.D. or other) D
Address 1841 S 12th Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. 3722

P. O. Address 4122 Duchouquette

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.