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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1942

Registration District No. 167

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 15362

Primary Registration District No. 5998

Registrar's No. 297

**1. PLACE OF DEATH:**
(a) County: ST. CHARLES
(b) City or town: "RURAL" ST. CHARLES TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 6 YRS.-2-MOS-24 DAYS

**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. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: SOPHIE KLOSE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: — KLOSE

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

7. Birth date of deceased: MAY (Month) 3 (Day) 1867 (Year)

8. AGE: Years 74 Months 11 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation: TRAINED NURSE

11. Industry or business .....

MOTHER, FATHER
12. Name: HERMAN KAMPFER
13. Birthplace: GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name: SOPHIE UNKNOWN
15. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant: Theophil Stoerker
(b) Address: St. Charles Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis Mo.

18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 S. King Highway St. Louis Mo.

19. (a) 4-25-42 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: April day: 24 year: 1942 hour: 5 minute: 20 P.M.

21. I hereby certify that I attended the deceased from Apr 18th 1942 to Apr. 24th 1942 and that I last saw her alive on Apr 22nd 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Uraemia, | 2 wks |
| Due to: Chronic interstitial nephritis | 5 yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: no
Of autopsy: no

131a

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: A. P. Ernst, M.D. (M.D., Coroner)
Address: St. Charles Mo. Date signed: 4/24/42

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1942

Mrs. Crosby [illegible]
Clarence Brockerton
818 Jefferson St.

## 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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**