

FILED FEB 31 1943

Registration District No.

Primary Registration District No. **1003**

State File No.

Registrar's No.

1377

1. PLACE OF DEATH:
 (a) County **St Louis**
 (b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4356 Miami
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County
 (c) City or town **St Louis** **15000**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4356 Miami** **17**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Sophia Emelia Mark**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **10**
 year **1943** hour **12** minute **15** P. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Henry J** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **May 9, 1854**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-9-43** to **2-10-43**
 that I last saw her alive on **2-10-43** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	88	9	1 hr. min.

Immediate cause of death **Acute Cordear Failure**
from Myocarditis, Ch
 Due to **Acute Bronchitis** **4**
Acute Pulmonary **4**
 Precipitated by **Operation**
Infirmitas of age.
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **New York**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

Major findings: **95**
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name **John G. Pfeffer**
 13. Birthplace **Europe** **4**
(State or foreign country)
 14. Maiden name **Martha Markl**
 15. Birthplace **Europe** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Harry Mark**
 (b) Address **4309 So. 39th St.**
 17. (a) **Burial** (b) Date thereof **2/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Old St Peter & Paul Cem.**
 18. (a) Signature of funeral director **Oscar J. Hoffmeister**
 (b) Address **4016 Chippewa**
 19. (a) **FEB 11 1943** **J. J. Bredeck**
(Date received local registrar) (b) (Registrar's signature)

while at work? **0** (Specify type of place) (c) Means of injury **0**
 23. Signature **George S. Metcalf** M. D. or other
 Address **2903 Olive** Date signed **2/11/43**

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

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

Ernest W. Spillars

Licensed Embalmer No.

4080

P. O. Address

3747 Dunnica

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.