S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12048

State File No.

Registration District No. 318 FILED MAY 7 1943 Primary Registration District No. 1003 Registrar's No. 4004

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: Missouri Baptiste Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 000 17 97

(a) State Missouri. (b) County

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

(d) Street No. 5481 Claxton Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sophie Diepenbrock.

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 Married

6. (b) Name of husband or wife William Diepenbrock.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 14. 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

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

MOTHER
14. Maiden name Elizabeth Byersdorfer
15. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant William Diepenbrock
(b) Address 5481 Claxton Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 1. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Russell Nichols
(b) Address 1431 Union Blvd.

19. (a) APR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 5 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 19, 1943, to April 28, 1943, that I last saw her alive on April 28, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute yellow atrophy of Liver - Etiology unknown	9
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chr myocarditis, Chr cholecystitis + cholelithiasis	
Major findings: Of operations no operation.	
Of autopsy as above.	

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) no

(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 James A. Forsen (M. D. or other) M.D.
Address 3903 Olive Date signed 4-29-43

(Licensed Embalmer's Statement on Reverse Side)

Dr J A Forest
Mo Bap Hosp

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 William T Hirons

Licensed Embalmer No. 4319

P.O. Address St. Louis Mo

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.