

W. W. Wall 19143

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1345

FILED JUN 12 1943

Registration District No. 517

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Berliner Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether _____)

In this community 35 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
13

(c) City or town Overland 1
(If outside city or town limits, write "RURAL.")

(d) Street No. 9530 W-Milton
(If rural, give location)

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

3. (a) PRINT FULL NAME Sophya Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Walter

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

7. Birth date of deceased May 23 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>13</u>	hr. _____ min.

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Housewife

11. Industry or business _____

12. Name Peter Monson

13. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

14. Maiden name Lessette Herman

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian E. Briley

(b) Address 2603-Hood Ave-Overland, Mo

17. (a) Burial (b) Date thereof 6-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Barramans Brodie

(b) Address 2504-Woodson Rd Overland

19. JUN 9 1943 (Data received from registrar)
(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 43 - hour 11 - minute 15 - M.

21. I hereby certify that I attended the deceased from Mar 24, 1943 to June 5, 1943
that I last saw her alive on June 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 days
Duration

Due to _____

Due to _____

Other conditions Myocardial Chronic years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 9/28

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? _____

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

23. Signature Ray A. Walker (M. D. or other)
Address Overland - Mo Date signed 6-7-43

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 W. L. Peterson
Licensed Embalmer No. 3767
P. O. Address Overland 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.