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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19635

FILED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5407

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5619 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 72 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5619 Pennsylvania Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sophia Greenway

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 Eli Greenway

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

7. Birth date of deceased Feb (Month) 4 (Day) 1871 (Year)

8. AGE: Years 72 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Booneville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Eli Greenway

(b) Address 5619 Pennsylvania Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUN 14 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 7:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan. 2nd, 1943 to June 10th, 1943; that I last saw her alive on June 9th, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 wk.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis and Chronic Arteriosclerosis	6 Mo.
Major findings: Of operations none	
Of autopsy none	

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) XXX

(b) Date of occurrence XXX

(c) Where did injury occur? XX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX (Specify type of place)

While at work? XX (e) Means of injury

23. Signature Dr. M. T. Walter (M. D.)

Address 3608 South Grand Blvd. Date signed 6/12/43

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.