

FILED APR 13 1948  
Registration District No. **13018**

Primary Registration District No. \_\_\_\_\_

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:  
Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2317 S. 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Sophia Johnson

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 Married

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month)

10 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name James Reeves

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

14. Maiden name Miliverva

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

16. (a) Informant William H. Johnson

(b) Address 2317 S. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director John H. Gebker, Sons

(b) Address 2630 Gravois Ave.

19. (a) MAR 26 1944 (Date received local registrar) (b) J. F. Bulech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour 10,25 minute P M.

21. I hereby certify that I attended the deceased from 3-21-44, 19\_\_\_\_, to 3-24-44, 19\_\_\_\_;  
that I last saw her alive on 3-24-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative myocarditis  
Due to old toxic goiter

Due to 63  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 John H. Gebker, Sons (M.D. or other) MD  
Address 4930 Lindbergh, St. Louis Date signed 3-25-44

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

MOTHER FATHER

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**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 Robert F. Gibben

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.**