S. No. 2
M—2-43
. 5-17-39
I X35697

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

FILED APR 6 1948

State File No. 9428

Registration District No. 1848 Primary Registration District No. 1000 Registrar's No. 2952

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: Jewish Hospital
(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

(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 530 N. Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophie Schiele

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife David Schiele
6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 81 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

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

MOTHER
14. Maiden name Ricka Sherman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Sidney Schiele
(b) Address 530 N. Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) MAR 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from March 16, 1944, to March 29, 1944; that I last saw her alive on March 29, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	13 days
Due to: Arteriosclerosis, General	years
Due to:	
Other conditions: Fracture Hip Dec. 22nd (Include pregnancy within 3 months of death)	
Major findings: Of operations: Femur - Pinned	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence Dec 22-1943
(c) Where did injury occur? Home (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? No (e) Means of injury Fall

23. Signature Herman M. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 3/29/44

(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 John Ketter

Licensed Embalmer No. 3830

P. O. Address 4355 Washington

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.