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FILED JUN 19 1944 318

Registration District No. _____ Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Sanitarium - 1-14-36
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. City Sanitarium
(If rural, give location)

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

3. (a) PRINT FULL NAME Sophie Beachler

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, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 13 years 1861

7. Birth date of deceased: Sept. (Month) 13 (Day) 1861 (Year)

8. AGE: Years 82 Months 8 Days 19 If less than one day hr. _____ min. _____

9. Birthplace: St. Genevieve (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Jacob Stuppy

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

14. Maiden name Unknown

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

16. (a) Informant Lena Weber

(b) Address 4060 Fairview

17. (a) Burial (b) Date thereof June 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul's Cemetery

18. (a) Signature of funeral director Wacker Elderle

(b) Address 3634 Gravois Ave.

19. (a) JUN 3 1944 (Date received local registrar) J. F. Brudek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Patulochanous fracture of left femur, carcinoma of cervix which deceased slipped and fell due to it, from 2nd floor C-4 at City Sanitarium April 7 & 1944
Due to about 8:45 AM

Other conditions: 1860-5
(Include pregnancy within 3 months of death)

Major findings: 1860-5
Of operations 7/8
Of autopsy 7/8

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) Accident

(b) Date of occurrence April 7 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature Alfred G. Perry (M. D. or other) Deputy Coroner
Address _____ Date signed 6/5/44

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 Wheeler

Licensed Embalmer No.....

2178

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.