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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

120299
State File No. _____
Registrar's No. 5749

FILED JUL 8 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Iberia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Almira Sooter
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex F Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife William M. Sooter
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased December 17 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Elija Groves,
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Martha Bredon
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William M. Sooter
(b) Address Iberia, Missouri

17. (a) burial (b) Date thereof June 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Iberia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Ave. St. Louis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 6:30 minute a. M.
21. I hereby certify that I attended the deceased from June 22, 1944, to June 26, 1944.
that I last saw her alive on June 26, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident (hemorrhage in brain)

Due to _____
Due to 83 a

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? _____

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

23. Signature F. R. Bradley (M. D. or Podiatrist)
Address Barnes Hospital Date signed 6/26/44

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

JUL 21 1944

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 Agonishi*.....
Licensed Embalmer No. *2398*.....

P. O. Address.....

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.