

FILED SEP 8 1944  
REGISTRATION DISTRICT NO. **1003**

Primary Registration District No. **1003**

Registrar's No.

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 Lutheran 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

3. (a) PRINT FULL NAME Sophia Miller

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

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph C. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 26 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Charles Schneppe

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

14. Maiden name Sophia Kuehn

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

16. (a) Informant Joseph C. Miller

(b) Address 3647 Connecticut St.

17. (a) Burial (b) Date thereof Aug. 4, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wacker-Keller

(b) Address 3634 Gravois Ave.

19. (a) AUG 1 1944 (b) J. J. Brudick  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 9/6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3647 Connecticut St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1944 hour 8:45 minute 00 A.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 self administered sodium fluoride  
at 3647 Connecticut St.  
July 31, 1944 about 6.30 PM.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 162

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

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:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence July 31, 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?  
home

While at work? no (Specify type of place) (e) Means of injury car above

23. Signature W. J. Kerry (M. D. or other) \_\_\_\_\_

Add. W. J. Kerry Date signed 8/1/44

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

MOTHER FATHER

**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 C. 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.**