

FILED NOV 30 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.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months  
(Specify whether  
In this community 18 Years  
years, months or days)

3. (a) PRINT FULL NAME Sister Sophie Marie HUNleth

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 Single

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

7. Birth date of deceased June 10, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 5 11 hr. min.

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

10. Usual occupation Religious

11. Industry or business Music Teacher

12. Name Frank J. Hunleth

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

14. Maiden name Sophia Schilly

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

16. (a) Informant Sister Loratta

(b) Address 3407 Lafayette Ave.

17. (a) Burial (b) Date thereof 11-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Astley J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) NOV 22 1944 (b) J. J. Breck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3407 Lafayette Ave.  
(If rural, give location)  
(e) Citizen of foreign country? J (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21  
year 1944 hour 9 minute 05A M.

21. I hereby certify that I attended the deceased from  
Aug 16 1942, to Nov 21 1944  
that I last saw h. alive on Nov 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant cyst adenoma of left ovary  
Duration 15 mo?

Due to.....  
Due to.....

Other conditions metastases to metastases 15 mo?  
(Include pregnancy within 3 months of death) liver

Major findings: Cyst adenoma malignant  
Of operations not metastases  
Of autopsy.....  
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).....  
(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 Reinert Ham (M. D. or other)  
Address 1117 N. Grand Date signed 11/21/44

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Hindell

**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.**