U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15359

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4218

1. PLACE OF DEATH:

(a) County
(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: 4063 Concordia Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4063 Concordia Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIE KIRKPATRICK McDONALD
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15 (Month) 1869 (Day) (Year)
8. AGE: Years 76 Months 0 Days 25 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife

MOTHER FATHER
12. Name Herman Egbert
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Engel
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Helen Dietz
(b) Address 4063 Concordia Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14th/45 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem
18. (a) Signature of funeral director Thos Kuttis & Son
(b) Address 2906 Gravois Av
19. (a) MAY 12 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1945 hour 12 P.M. minute M.
21. I hereby certify that I attended the deceased from 8-16-42 5-9-45, 19 to 5-10-, 1945 that I last saw h. alive on 5-10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration ?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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)
(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? (e) Means of injury

23. Signature Fabian J. Beck (M. D. or other) M.D.
Address 3115 S. Grand Date signed 5-11-45

(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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois ave

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.