S. No. 2
M—2-43
. 5-17-39
P I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39622

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10729

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: CITY ISOLATION HOSPITAL, D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/6/45 to 12/9/45 (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 MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL ST.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SOPHIA PAULY

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 MAY 6th 1864 (Month) (Day) (Year)

8. AGE: Years 81 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace ST. LOUIS MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER

12. Name WILLIAM SEIN

13. Birthplace ST. LOUIS MO. (City, town, or county) 0 (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Geo. Bermmehl. Geo. Bermmehl

(b) Address 3819 S. Grand Blvd.

19. (a) DEC 10 1945 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC, day 9th year 1945 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12/6 1945, 19__, to 12/9, 19 45 that I last saw her alive on 12/8, 19 45 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Degenerative heart disease	?
Due to Generalized arteriosclerosis	3 yrs. +
Other conditions Gangrene of pedal digits (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?

While at (Specify type of place) (e) Means of injury

23. Signature [redacted] (M. D. or other) M.D.

Address [redacted] Date signed 12/12/45

(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.....

Licensed Embalmer No.....

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.