

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:
3842 Connecticut St.
(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 Sophie Kraeger
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry R
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 8th, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months II Days 7
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 _____
MOTHER FATHER { 12. Name Henry R. Schemmer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine M. Hanahan
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kraeger (SON)
(b) Address 3842 Connecticut

17. (a) Burial (b) Date thereof I/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss
(b) Address 3402 N. Kingshighway

19. (a) JAN 15 1946 (b) J. P. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, Mo.
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3842 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 Jan. day 15th
year 1946 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from 5th to 19th to January 15 1946
that I last saw her alive on Jan 14 (10 PM) 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Hemiplegia
Due to Coronary Vascular Disease
General arteriosclerosis
Duration 10 days

Other conditions (Include pregnancy within 3 months of death) 93

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 work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wm F. Simon (M. D. number) _____
Address 145 Victor St. Louis Date signed J. P. 46

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..... *W W Wilkins*
Licensed Embalmer No..... *35-70*

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.