

FILED MAR 27 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Enroute to Hospital 3**
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **117**

(d) Street No. **3654 A Dover Place** (If rural, give location) **9**

(e) Citizen of foreign country? **No** (Yes or No) **10**

If yes, name country _____

3. (a) PRINT **Sophia Kaufmann**
FULL NAME

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

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed 5**

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

7. Birth date of deceased **March 31 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12** year **1946** hour _____ minute **100** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

8. AGE:

Years	Months	Days	If less than one day
64	11	2	hr. _____ min. _____

that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke**
She was admitted in her home on March 12 1946 about one o'clock P.M.

9. Birthplace **Columbia Ill.,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

Major findings: Of operations **1637**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **John Regh**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

22. If death was due to external causes, fill in the following:

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

(b) Date of occurrence **March 12 1946**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

16. (a) Informant **Maurice Kaufmann**

(b) Address **3654 A Dover Place**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 15, 1946**
(Month) (Day) (Year)

While at work? _____ (Specify type of place)

(c) Means of injury **Stroke**

23. Signature **Alfred Perry** (M. D. or other) **3/14/46**
Date signed

(c) Place of burial or cremation **Sunset Burial Park Cem**
C. HOPFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director **6464 Chippewa St. Louis, Mo.,**

(b) Address

19. (a) **MAR 14 1946** (Date received local registrar) **J. J. Brueck** (Registrar's signature)

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

MOTHER FATHER

10-10

Corner

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

Harry J. Schumacher

.....
Licensed Embalmer No.....

2679

P. O. Address.....

7814 S. Broadway

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.