

**FILED** AUG 9 1946

Registration District No. 147 Primary Registration District No. 5594 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Meramec  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Own Home, Near House Springs, Mo.  
(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) 71 yrs

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town Rural House Springs, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#1  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SOPHIA KING

3. (b) If veteran, name war None 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 None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 4 - 21 - 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace House Springs, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business Own Home

12. Name George P. King

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

14. Maiden name Emma Mary Svchka

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

16. (a) Informant Frank F. King

(b) Address House Springs, Mo. R.R.#1

17. (a) Burial (b) Date thereof (Month) (Day) (Year) St. Johns Cem. Rock Hill

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Edmund Brimmer

(b) Address House Springs, Mo.

19. (a) July 12, 1946 (b) Max J. A. Auekel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10<sup>th</sup>  
year 1946 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 10<sup>th</sup> to July 10<sup>th</sup>, 1946  
that I last saw her alive on July 10<sup>th</sup>, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular Heart Disease

Due to stroke

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 92d

Duration

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) (e) Means of injury \_\_\_\_\_

23. Signature James B. Powell (Date signed) 7/12/46

Address House Springs, Mo.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-118  
Date Filled 1-8-46

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 *John W. Bremer*  
Licensed Embalmer No. *1490*  
P. O. Address *Home Springs, Mo.*

**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.