No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11898

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 782

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Shamrock Rest Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3709 Manola Ave. 1
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State Mo. (b) County

(c) City or town Maplewood 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2032 Alameda Ave. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SOPHIE BRODHAGE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Henry

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

7. Birth date of deceased Oct. (Month) 3 (Day) 1860 (Year)

8. AGE: Years 86 Months 5 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 10

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Neiderhoefer 4
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Katherine Collins

(b) Address 2032 Alameda Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 4 (Day) 47 (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 4-7-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2 year 1947 hour 3:20 minute P.M.

21. I hereby certify that I attended the deceased from Sept 28, 1946, to April 2, 1947; that I last saw her alive on March 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	3 days
Due to Chronic myocarditis	2 yrs
Due to Arteriosclerosis 930	5 yrs
Other conditions Senile dementia (Include pregnancy within 3 months of death)	6 mos

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 6

23. Signature Lewis Littmann (M. D. or other) MD

Address 8231 Clayton Rd Date signed 4/3/47

(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 Edwin A. M. Dennett

Licensed Embalmer No. 3024

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.