

Registration District No. **318**

Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution **Jewish Hospital**
(d) Length of stay: In hospital or institution **12-days**
In this community **12-days**
years, months or days

3. (a) PRINT FULL NAME **Sophie Kiburz**
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 **M.**
6. (b) Name of husband or wife **John Kiburz** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **April 15th., 1874**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **14** If less than one day hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John Young**

13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget DeLore**
(City, town, or county) (State or foreign country)

15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John Kiburz**
(b) Address **7051 Pershing Ave.**

17. (a) **Burial** (b) Date thereof **7-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **JUN 30 1948** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis 96**
(c) City or town **University City**
(d) Street No. **7051 Pershing Ave.**
N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **29**
year **1948** hour **7** minute **A** M.
21. I hereby certify that I attended the deceased from **June 17, 1948** to **June 29, 1948**
that I last saw him alive on **June 28, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Cerebral hemorrhage 12 days**
Cerebral arteriosclerosis years

Other conditions (include pregnancy within 3 months of death) **IN**
Major findings: **82**
Of operations _____
Of autopsy _____

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) Manner of injury _____
23. Signature **Levilyn Sale** (M. D. or other) _____
Address **5000 Plaza St. St. Louis** Date signed **7/29/48**

MOTHER FATHER

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

1928
FEB 3 1928

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.....

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.