No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24586

FILED JUL 22 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6127

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2106 E. Adelaide Ave. (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)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2106 E. Adelaide Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophie C. Offer
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick H. Offer
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 13, 1881. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	10	24	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name John Seibert
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mildred Horn
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frederick H. Offer
(b) Address 2106 E. Adelaide Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.
19. (a) JUL 10 1948 (Date received local registrar) (b) J. F. Bussack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1948 hour 8:40 minute P. M.
21. I hereby certify that I attended the deceased from June 1/47, 19, to July 6, 19 48, that I last saw her alive on July 6, 19 48, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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

23. Signature Arthur F. Sternfels (M. D. or other)
Address 4142 N. Grand Date signed 7/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

ARTHUR STERNFELS

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

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 A. Mlsna

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.