2
47
39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24853

Registration District No. 318 — Primary Registration District No. — Registrar's No. 6661

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community U
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2711 Hadley (near) Memorial (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIE WRIGHT
3. (b) If veteran, name war -
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Wright
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased September 8, 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 18 If less than one day hr. min.
9. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Oswald Hoppe
13. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dorothy Brown
(b) Address St. Louis, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director Lee Gardner
(b) Address Belleville, Ill.
19. (a) JUL 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26th year 1948 hour 8 minute 50 A M.
21. I hereby certify that I attended the deceased from 7/26/48, 19, to July 26th, 1948, that I last saw her alive on July 26th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix c extreme Sanguinolentia
Due to Bronchopneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Ca of Cervix Sanguinolentia

Duration

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) X
(b) Date of occurrence X
(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? X (Specify type of place)
While at work? (e) Means of injury
23. Signature E. P. Semon M.D. 1515 Lafayette 7/26/48 (D or other)
Address Date signed

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

1999

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.

Body not embalmed

Signed.....

Licensed Embalmer No.....

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.