

No. 30-10-47  
5-17-39  
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FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31492

FILED OCT 9 1948 918

1003

Registrar's No. 8389

Registration District No. 918

Primary Registration District No.

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 CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County.....  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3103 Henrietta St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME SOPHRONIA TYRA  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 25  
year 1948 hour 9 minute 40A M.  
21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex FE 1 | 5. Color or race W.  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....  
Fractured Left Hip; Arteriosclerosis; suffered when deceased fell to the floor at her home 3103 Henrietta St. on Feb. 9th, 1948, exact time Unknown;  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

7. Birth date of deceased MAY 11 1866  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
82 4 14 hr. min.  
9. Birthplace LITTLE ROCK ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL  
11. Industry or business.....  
12. Name DAVE WADE  
13. Birthplace GEORGIA  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY BRADLEY  
15. Birthplace GEORGIA  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
16. (a) Informant Mrs. J. W. Clark  
(b) Address 3103 Henrietta St  
17. (a) BURIAL (b) Date thereof SEPT 28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. HOPE CEM.  
18. (a) Signature of funeral director E. J. Schurr  
(b) Address 3125 Lafayette av.  
19. (a) SEP 27 1948 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Feb. 9th, 1948  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home  
While at work? No (Specify type of place)  
(e) Means of injury See Above  
23. Signature Subrauc E. J. Schurr  
Address..... (M. D. or other)  
Date signed 9/25/48

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

WRITE PLAINLY—USE 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 Joseph B. Vollmer  
Licensed Embalmer No. 4014  
P. O. Address 3195 Lafayette Ave

**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.**