

FILED JUL 13 1950

#40435

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 21360
Registrar's No. 5732

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 1853a Menard Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA b. (Middle) c. (Last) BAYER		4. DATE OF DEATH (Month) (Day) (Year) June 29th, 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb. 9, 1869
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR 4	IF UNDER 12 HRS. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Austria 4
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Emil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eugene Albes 6117 Magnolia Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebro-vascular hemorrhage		9 days
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Heart Disease		more than 10 yrs
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Gen. arteriosclerosis		many yrs
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200

22. I hereby certify that I attended the deceased from 6/22/50 10 to 6/29/50 11:30pm, that I last saw the deceased alive on 6/29/50, 1950, and that death occurred at 11:30pm, from the causes and on the date stated above.

23a. SIGNATURE Mary D. Bublio, D. M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 6/30/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-3-50	24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2301 Lafayette Ave	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Pasater	26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2301 Lafayette Ave	

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

5732

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James R Chapman

..... Licensed Embalmer No. *4550*

..... 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.