

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6414

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. 1364, Clara Ave.)

File No.....
Registered No. 1202
St. Ward)

2. FULL NAME

(a) Residence. No. 1364 Clara St. 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Jobie Soule</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1865 Not known</u>		
7. AGE YEARS <u>abt. 65</u>	MONTHS <u>Unknown</u>	DAYS <u>or</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Shoe Merchant</u> (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
PARENTS	10. NAME OF FATHER <u>Herman Soule</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	12. MAIDEN NAME OF MOTHER <u>Gertrude Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
14. INFORMANT <u>May Soule</u> (Address) <u>5402 Galatune</u>		
15. FILED <u>19</u> <u>May C. Starkey</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/2/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1925 1930 to Feb. 2 1930 that I last saw h. in alive on Feb. 2, 1930, and that death occurred, on the date stated above, at 4:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 4 P.
Ch. Myocarditis
(Cardiac Decompensation)

9:30
4:5 B
106 B (duration) 5 yrs. mos. ds.
CONTRIBUTORY Empyema & Ch.
(SECONDARY)
Arteriosclerosis (duration) 5 yrs. mos. ds.
non tubercular

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Geo S. Scitarsa M. D.
, 19 (Address) 814 No. Theatre Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chapel of the Most Holy Emeth Cem. DATE OF BURIAL Feb. 4 1930

20. UNDERTAKER H. Rindorff ADDRESS 5216 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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