

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 8114 Pennsylvania St. _____ Ward _____)

File No. _____
Registered No. 7277
2156

2. FULL NAME

George Soeder,
(a) Residence. No. 8114 Pennsylvania St. 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 yrs.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Wm. Soeder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherine Barchfeld
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Katherine Soeder,
(Address) 8114 Pennsylvania

15. FILED _____ 19. May 21 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to Feb 27, 1930 that I last saw him alive on Feb 27, 1930, and that death occurred, on the date stated above, at 12:00 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

CONTRIBUTORY (SECONDARY) 440 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Samuel Natuney, M. D.

2/25, 1930 (Address) 6829 Va

*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 St. Trinity Lutheran DATE OF BURIAL Mar. 3, 19 30

20. UNDERTAKER Southern U. S. L. Co. ADDRESS 6320 S. Grand.

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.

50 - 237

Ab. W. P. ...