

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.

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

Do not use this space.

MAR 5 1935

791

7234

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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 18 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

20

1

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrical Wkr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Emerson Electric

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

MOTHER FATHER

13. NAME

E. J. Soehlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

15. MAIDEN NAME

Margaret Younger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

17. INFORMANT (ADDRESS)

Margaret Soehlin 2506 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Parish of St. Louis

DATE

2/20/35

19. UNDERTAKER (ADDRESS)

C. Hoffmeister 7814 S Broadway

20. FILED

18 1935

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 18 1935

22. I HEREBY CERTIFY, That I attended deceased from

19..... to..... 19.....

I last saw him..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... pm.

The principal cause of death and related causes of importance were as follows:

Fractured skull, lacerated brain, ruptured spleen by auto-deceased a side

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)

(Address)

Harold G. Soehlin M.D. 2506 S Broadway

