MAR 3 9 1935

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

Do not use this space.

13392

1. PLACE OF DEATH
County Lafayette — Registration District No. 464 — File No. 17
Township — Primary Registration District No. 4277 — Registered No. 23
City Odessa (No. ..... St. ..... Ward)

2. FULL NAME Herman Soendker.
(a) Residence, No. ..... St., ... 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 m.
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Brinkman Soendker.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8. 1875
7. AGE YEARS 59 MONTHS 11 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

FATHER
13. NAME Wm. Soendker.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Christina W. Remier.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mrs. Lizzie Soendker Odessa, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Wellington Mo. DATE ~~[illegible]~~ 4/7 1935
19. UNDERTAKER (ADDRESS) L. C. Husman Odessa, Mo.
20. FILED 4-9- 1935 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3. 1935
22. I HEREBY CERTIFY, That I attended deceased from April 2, 1935, to April 3, 1935
I last saw him alive on April 3, 1935. Death is said to have occurred on the date stated above, at 10P m.
The principal cause of death and related causes of importance were as follows:
~~4-2-35~~ Coronary Thrombosis Vascular, — Date of onset 4-2-35
9 [illegible]
Other contributory causes of importance: arteriosclerosis.
Name of operation none Date of
What test confirmed diagnosis? Clinical 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 ....., 19....
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? no
If so, specify
(Signed) M Martin Md, M. D.
(Address) Odessa Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD