

REC'D JUL 12 1938

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

20113
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST LOUIS** (d) Street No. **ST LUKES HOSPITAL** Registered No. **5252**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **HENRY J. Sohm Sr.**

(a) Residence, No. **3971 Botanical** St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

NO ATTENDING PHYSICIAN

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWER**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/7/38**, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **SALLIE Sohm**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21-1868**

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **5:25 P.M.**

7. AGE YEARS **69** MONTHS **11** DAYS **18** If LESS than 1 day,hrs. ormin.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **SHOE WORKER**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **MAY 1938** 11. Total time (years) spent in this occupation.....

**Chronic Fibrous Myocarditis.
Chronic Nephritis.
Arteriosclerosis.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **HICKMAN KY**

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

FATHER 13. NAME **HENRY SOHM**

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

MOTHER 15. MAIDEN NAME **FVA**

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

17. INFORMANT (ADDRESS) **Inesguerete Sohm 3971 Botanical**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathalla Cemetery June 10 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J.P. Burkholder 2637 Jackson St**

20. FILE **JUN 9 1938** Local Registrar.

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 **Alfred Perry** (Signed) (Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

1/1/88

1/1/88

attorney general
department of health
and human services

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,

Albert D Hoppe

, or by

Registered Apprentice No., working under my personal supervision.

Albert D Hoppe

Licensed Embalmer No.

1861

P. O. Address

2971

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, above space should be left blank.