

RECD APR 10 1939

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

12485  
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821  
(b) Township Richland Primary Registration District No. 455B  
(c) City Sikeston (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

420 Rosiland Joy Soehlig  
(a) Residence, No. Sikeston, Missouri St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 2 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Infant  
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) Sikeston, Missouri

FATHER 13. NAME Wilson Soehlig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Missouri

MOTHER 15. MAIDEN NAME Velma Cates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Missouri

17. INFORMANT Wilson Soehlig (ADDRESS) Sikeston, Missouri

18. BURIAL PLACE Memorial Park DATE March 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sikeston Mo. H. J. Welsh  
Sikeston, Missouri

20. FILED 4-3 1939 SWH result Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 to March 4, 1939  
I last saw him alive on March 4, 1939 Death is said to have occurred on the date stated above, at 4:30A m.

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

Prudomonia (Pneumonia)  
Date of onset 10/5

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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Nienstedt, M. D.  
(Address) 1122 Front St Sikeston Mo

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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**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, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*W. J. Welch*

Licensed Embalmer No. 774

P. O. Address.....

**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.**