

BUREAU OF THE CENSUS
JUL 12 1939

STANDARD CERTIFICATE OF DEATH

State File No. 20349

5193

Registration District No. 1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether
 In this community 15 days
years, months or days)

3. (a) PRINT 230
FULL NAME FRED W. SOEST3. (b) If veteran,
name war _____3. (c) Social Security
No. K4. Sex male 5. Color or race white
6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Irma B. Soest
6. (c) Age of husband or wife if
alive 54 years7. Birth date of deceased 5/31/84
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
55 0 7 hr. _____ min.9. Birthplace Fort Wayne, Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Ranch owner

11. Industry or business _____

MOTHER FATHER
 12. Name William Soest
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Bastain
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Irma Soest(b) Address Gardengrove, California17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Melrose Mausoleum
Orange, California18. (a) Signature of funeral director Alfred J. Soest(b) Address 6175 Delmar Blvd19. (a) 9-1838 (b) J. F. Buedel
(Individual) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 2
 (c) City or town Gardengrove
(If outside city or town limits, write "RURAL") NR.
 (d) Street No. none
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/9/39 day _____
year _____ hour 4 minute 30 M.21. I hereby certify that I attended the deceased from 5/30/39
_____, 19____, to 6-9-39, 19____
that I last saw him alive on 6-8-39, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)
_____ means of injury _____28. Signature J. F. Buedel (M. D. or other) _____

Address _____ Date signed _____

901 Reservoir Road

12:30 P.M.

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.....

Geo. E. McCulloch

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Geo. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6176 Delmar*

St Louis Mo.

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.