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SEP 25 1940
Registration District No. 791

Primary Registration District 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:
2911 Sarah St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4053 a St. Louis Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME RICHARD SOELLNER 456

3. (b) If veteran, name war NO 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kathryn Soellner 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 23 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 27 hr. _____ min.

9. Birthplace St. Louis Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation retired hardware clark

11. Industry or business Henry Teckemeyer

12. Name Anton Soellner

13. Birthplace _____ Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Helene Leonhardt

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur M. Soellner

(b) Address 3931 St. Louis, Avenue

17. (a) burial (b) Date thereof Aug-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director A. Iron Sub Co.
(b) Address 2707 North Grand Bl

19. (a) AUG 22 1940 (b) J.F. [Signature]
(Date received local registrar) (Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1940 hour 9 minute _____ p. _____ M.

21. I hereby certify that I attended the deceased from Dec. 19 39 to Aug. 20 40, 1940,
that I last saw him alive on Aug 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Hypertension

Due to Chronic Hepatitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____

23. Signature W. Wagenbach (M. D. or other) _____
Address 4738 Emporia Date signed 8/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Paul F. Knollenberg

Licensed Embalmer No. *2631*

P. O. Address *29074 - Sp...*

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.