

FILED JAN 20 1942

Registration District No. 488

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6265

State File No. 42382

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Lincoln
(b) City or town: Hawk Point Twp - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: years, months or days)

8. (a) PRINT FULL NAME: Adam Soros

3. (b) If veteran, name war: none 3. (c) Social Security No.: none

4. Sex: M O Hebrew rate W (a) Single, widowed, married, divorced: 4

6. (b) Name of husband or wife: Flora Soros 6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: April 15 1879
(Month) (Day) (Year)

8. AGE: Years: 62 Months: 8 Days: 5 If less than one day: hr. min.

9. Birthplace: Hungaria
(City, town, or county) (State or foreign country)

10. Usual occupation: Tavern Keeper

11. Industry or business

MOTHER FATHER { 12. Name: Adam Soros
13. Birthplace: Hungaria
(City, town, county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Hungaria
(City, town, or county) (State or foreign country)

16. (a) Informant: M. P. Riddle (Coroner)

(b) Address: Troy Mo.

17. (a) Cremation (b) Date thereof: Dec 23, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Missouri Crematory

18. (a) Signature of funeral director: Wesley Bro. Under

(b) Address: 412 Duchouquette St. Troy Mo.

19. (a) 12-20-1941 (b) M. P. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) If foreign born, how long in U. S. A.: About 140 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day 20
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Attack Duration

which was fatal

Due to _____

Due to Coronary Thrombosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: 94a

Of autopsy: _____

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

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: 12-20-1941

(c) Where did injury occur: Hawk Point Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, or in an industrial place, in public place?
while hunting

(Specify type of place)

While at work? (e) Means of injury: _____

23. Signature: M. P. Riddle (Date or other): _____

Address: 1100 W. Missouri Date signed: 12/20/41

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

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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.....

Licensed Embalmer No.....

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.