

Registration District No. _____

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:
4329 North Market
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4329 North Market
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary M. Soisson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Nicholas L. Soisson 6. (c) Age of husband or wife in years _____

7. Birth date of deceased September 4 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 29 hr. min.

9. Birthplace Bradbrook Pennsylvania
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Lany Jr

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

14. Maiden name Anna Silber

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant John J. Soisson

(b) Address 4329 North Market

17. (a) Burial (b) Date thereof 1-6-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4609 1/2 Natural Bridge Ave.

19. (a) JAN 5 (b) J. J. Brudeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
 year 1942 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 4/20 1941 to 1/2 1942
 that I last saw her alive on 1/2/42 19_____
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis
hypertensive
arteriosclerosis
chr nephritis
 Due to _____
 Due to _____

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

Major findings: Of operations None

Of autopsy None

Duration

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) no

(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 Charles W. Shover (M. D. of other) _____
 Address 5346 Oriole Date signed 1/5/42

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

MOTHER FATHER

A. A. Harris
Nov. 1977

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 *Sheldon Callier*
Licensed Embalmer No. *3387*
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, fact should be so stated above.