

FILED AUG 6 1942
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State File No.

Registrar's No.

6239

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 1/2 hour (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3906 De Tonty St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred A. Sotier

3. (b) If veteran, name war none 3. (c) Social Security N488-16-7247

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

6. (b) Name of husband or wife Louisa Sotier 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 19 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Alton Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Salesman

11. Industry or business American Packing Co.

MOTHER FATHER { 12. Name Christopher Sotier
13. Birthplace Germany
14. Maiden name Caroline Gollmer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louisa Sotier

(b) Address 3906 De Tonty St.

17. (a) Burial (b) Date thereof 7-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Cem. Alton, Ill

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUL 23 1942 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st.
year 1942 hour 8:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 2 1942 to July 21 1942
that I last saw him alive on July 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration 1 day

Due to General Arterio-Sclerosis; Chronic Myocarditis & Hypertension Several years

Due to _____

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

Major findings: Of operations 92

Of autopsy _____

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? ill

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Louis Schuchat (M. D. or other) 0

Address 2200 Chouteau av Date signed 7-22-42

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.....

John P. Buchholz

Licensed Embalmer No. *1678*

P. O. Address *3225 St. Louis Ave*

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.