

S. No. 2
4-5-42
5-17-39
D I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32469

State File No. _____

Registrar's No. **8186**

Registration District No. _____

Primary Registration District No. **1003**

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:
FIRMINGWOOD SLOPE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 DAYS**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4710 PAGE**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Soderblom, Wilhelm**
(b) If veteran, name war **WORLD WAR**
(c) Social Security No. **499-01-9893**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **SEPT 30** day _____
year **1942** hour _____ minute **2:10 P.M.**

4. Sex **MALE** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARY** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **AUG 5 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9-28** 19**42** to **9-30** 19**42**
that I last saw him alive on **9-30-42**
and that death occurred on the date and hour stated above.

8. AGE: Years **52** Months **1** Days **25** If less than one day _____ hr. _____ min.

Immediate cause of death **Post operative shock** Duration **4 hours -**
Due to **Repair of a left diaphragmatic hernia - 6 years -**
Due to **incarceration of stomach & spleen - 9 years -**
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **SWEDEN** (City, town, or county) (State or foreign country)
10. Usual occupation **CARPENTER**

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **GUS SODERBLOM**
13. Birthplace **SWEDEN** (City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)
16. (a) Informant **Mary Soderblom**
(b) Address **4710 Page**
17. (a) **BURIAL** (b) Date thereof **Oct 3 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **NATIONAL CEMETERY**
18. (a) Signature of funeral director **Cyler Kelly**
(b) Address **1716 W. Taylor**
19. (a) **OCT 3 1942** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature **Louis G. Moore** (M. D. or other) **D**
Address **DeLoe Hosp.** Date signed _____

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

544 (Licensed Embalmer's Statement on Reverse Side)

10-2-42

OCT 21 1943

MISSOURI

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 Clement McNeary
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.