

3. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29805

State File No.

FILED OCT 6 1944

1008

Registration District No. Primary Registration District No.

Registrar's No. 8284

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 1/2 hrs
(Specify whether

In this community Life
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. 580 Arsenal St
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Joseph L. Sohm

3. (b) If veteran, name war ? 3. (c) Social Security No. ?

20. DATE OF DEATH: Month September day 10th
year 1944 hour 5 minute 55 A.M.

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

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.

8. AGE: Years abt. 72 Months Days If less than one day
hr. min.

Immediate cause of death Lobar pneumonia (primary)

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

Due to 100

10. Usual occupation Musician

Due to.....

11. Industry or business.....

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

12. Name Unknown

Major findings: Of operations.....

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

Of autopsy.....

14. Maiden name Unknown

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

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

16. (a) Informant Record at Coroner's office

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof Sept. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Reutz - Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 27 1944 (b) J. F. Bredeek
(Date received local registrar's signature) (Registrar's signature)

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?.....

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

23. Signature Walter Perry (M. D. or other) 3

Address W. Perry Date signed 9/27/44

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.

Embalmed by College of Mortuary Science

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, fact should be so stated above.