

S. No. 2
1-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 13 1945 STANDARD CERTIFICATE OF DEATH

28333

State File No. _____

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
201 South Seventh Street/
(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 St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 201 South Seventh Str.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward H. Soenker

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. 486-28-8704

20. DATE OF DEATH: Month August day 2 year 1945 hour 4 minute 45 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from April 12, 1945 to Aug 20, 1945; that I last saw him alive on Aug 17, 1945; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Wilhelmina Nolle

6. (c) Age of husband or wife if alive 60 years

Immediate cause of death congestive heart failure Duration 5 days

7. Birth date of deceased February 23, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

Due to hypertension & atherosclerosis

Due to _____

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

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Herman Soenker

Major findings: Of operations 9

Of autopsy _____

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

14. Maiden name Marie Klune

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

16. (a) Informant Mrs. Wilhelmina Soenker

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Aug. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director H. K. ...

(b) Address 316 N. 6th St. St. Charles, Mo

19. (a) Aug 4, 1945 (b) Ernest L. Paul
(Date reported local registrar) (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 Wilhelmina Soenker (M. D. or other) MD

Address St. Charles, Mo Date signed 8/4/45

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-12-45

NOV 2 1945

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 Arthur C. Gause

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

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.