

FILED JAN 21 1946

Registration District No. _____

Primary Registration District No. 3068

Registrar's No. 102

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
7347 Zepher Ave.
(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

3. (a) PRINT FULL NAME Adolph G. San Souci

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493 05-2279

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

6. (b) Name of husband or wife Lucille nee Hitchings 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 31 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Heating Engineer

11. Industry or business _____

12. Name Andrew San Souci

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

14. Maiden name Mary H. Horgan

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

16. (a) Informant Lucille San Souci

(b) Address 7347 Zepher Ave.

17. (a) Burial (b) Date thereof Jan. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) 1-14-46 (b) Edm. L. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7347 Zepher Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/6/46, 19____, to 11/9/46, 19____;
that I last saw h/m alive on 11/9/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Duration 2 months

Due to 740

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Lymphatic Leukemia
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) _____

(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 Edm. L. ... (M. D. or other) _____
Address 19 E. Lockwood Date signed 11/9/46

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

1989

JUL 15 1947

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 Ronald Yehinke
Licensed Embalmer No. 3917
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.