

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6872

FILED FEB 28 1946
Registration District No. 28

Primary Registration District No. 3058

Registrar's No. 29

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1, St. Charles Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Soenker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased April 13, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Herran Soenker

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

14. Maiden name Mary Cluny

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

16. (a) Informant John Soenker

(b) Address R.R. #1 St. Charles, Mo.

17. (a) Burial (b) Date thereof Feb. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Needmore Bone

(b) Address 326 N. 6th Str., St. Charles, Mo.

19. (a) Feb 5-46 (b) Hannie Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1946 hour 7 minute - A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 31, 1946
that I last saw him alive on Jan 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Terrific hemorrhage?

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____

PHYSICIAN _____
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 J. J. [unclear] (M. D. or other) _____
Address [unclear] Date signed 2-7-46

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-15-46

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. Bane
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.