No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3112

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 380

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

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 4902a Lansdowne 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)

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. 4902a Lansdowne Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED H. SOPER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Ona

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

7. Birth date of deceased Oct. (Month) 9 (Day) 1873 (Year)

8. AGE: Years 74 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Ramsey (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Real Estate Operator

11. Industry or business Delor Real Estate Co.

FATHER
12. Name William Soper
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Elmira Homerickhouse
15. Birthplace (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Lucille Ross
(b) Address 4902a Lansdowne Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ramsey, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 13 1948 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 1, 1947, 19, to Jan 12, 1948; that I last saw him alive on Jan 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic aneurysm	1 yr.
Due to: Arteriosclerosis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Albert H. Styles (M. D. or other) D.O.

Address 4903 Lansdowne Date signed 1-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.