S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 7061

Registrar's No. 1511

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: Jewish Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Wks. (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7829 Davis Dr. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) No R. 1

If yes, name country

3. (a) PRINT FULL NAME Nathan Soule

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Dorthy Soule

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

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

8. AGE: Years ab.50 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Manufacturer

11. Industry or business Ladies coats

FATHER
12. Name Zolman Soule
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sara Hannah (unk)
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Zollmy Soule
(b) Address 7829 Davis Dr.

17. (a) Burial (b) Date thereof 2/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 1947, to Feb 12 1948; that I last saw him alive on 2-12 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to Arteriosclerosis - General	
Due to Pleural Effusion - rt.	
Other conditions Peripheral Arteriosclerosis obliterans (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Pleural effusion - rt. Myocardial infarct - old.	

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 O

23. Signature Edward J. Berger (M. D. ~~or other~~)
Address 440 N. Taylor Date signed 2-17-48

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 Lewis Ludwig

Licensed Embalmer No. 4229

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.