S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10699

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3159

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17
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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 4010 Meramec St. 1
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4010 Meramec St. 9
(If rural, give location)

15

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward W. Sosenko

3. (b) If veteran, name war World War II

3. (c) Social Security No. 492-24-2929

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Shirley

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased May (Month) 25 (Day) 1924 (Year)

8. AGE: Years 23 Months 10 Days ~~25~~ 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Carpenter

11. Industry or business Oak Flooring Co.

FATHER
12. Name Michael Sosenko 1
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Myrtle Ives
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Shirley Sosenko
(b) Address 4010 Meramec St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldrile
(b) Address 3634 Gravois Ave.

19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30
year 1948 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar 16, 1948 to March 30, 1948
that I last saw him alive on Mar. 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to —

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

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 0

23. Signature A H Jost (M. D. or other) MD

Address 2807 N Grand Date signed 3/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1948

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address Rolla 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.