. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24742

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6643

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months (Specify whether years, months or days)
In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2115 Knox Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chritoph Soval (Frenchy)
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Clara Soval nee Richter
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased April 14th, 1860 (Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Nice, France (City, town, or county) (State or foreign country)
10. Usual occupation Retired Confectioner
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace France (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Walter Soval
(b) Address 2115 Knox Avenue
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Chapel of Memories
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) JUL 28 1948 (Date received local registrar) (b) J. F. Medcoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Fracture of left hip; Arteriosclerosis; when he fell to the floor in bath-room at his home on April 30, 1948, about 2:30 A.M.
Due to ACCIDENT
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) ACCIDENT
(b) Date of occurrence 4-30-1948
(c) Where did injury occur? 2115 Knox Av. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (Specify) Means of injury See above
23. Signature Patrick E. Taylor Dep Cor (M.D. or other)
Address 1300 Clark Date signed 7-28-48.

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 Ralph C. Lindsay

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.