No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3290

State File No. 22 473

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CitymHospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 4236 John Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last) William George Soehngen

4. DATE OF DEATH (Month) (Day) (Year) 1/15/49

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/11/1880
9. AGE (In years last birthday) 68 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Turnkey
10b. KIND OF BUSINESS OR INDUSTRY Police Dept.
11. BIRTHPLACE (State or foreign country) Denver Colo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Emma Soehngen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Joseph V. Soehngen **ADDRESS** 4236 John Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — self inflicted at his home

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4236 John Ave on Jan 15

1949 at about 10:45 a.m.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Suicide

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis **(COUNTY)** Mo **(STATE)**
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-15-49 10:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:03 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner
23b. ADDRESS 1300 Ceard
23c. DATE SIGNED 1-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/18/49
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery St.
24d. LOCATION (City, town, or county) Louis, Mo. (State)

DATE REC'D BY LOCAL REG. JAN 17 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] ADDRESS 2117 E. Grand.

(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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E [illegible]

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.