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

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35630

State File No. 35630

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8752

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSP #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago Heights
d. STREET ADDRESS (If rural, give location): 269 E. 16th St.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) L. c. (Last) SOMES

4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 51

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

8. DATE OF BIRTH APRIL 30 1891 **9. AGE** (In years last birthday) 60 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): GLASSMAKER
10b. KIND OF BUSINESS OR INDUSTRY: BOTTLE IND.
11. BIRTHPLACE (State or foreign country): DECATUR, IOWA
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ELMER E SOMES
13b. MOTHER'S MAIDEN NAME: M. JOHNSTON
14. NAME OF HUSBAND OR WIFE: EMMA C SOMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Julian E. Somes **ADDRESS**: 4613 W 67th St Chicago 29, Ill

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) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Gen. Arteriosclerosis

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?** ZZ-HX

22. *I hereby certify that I attended the deceased from* 9-17, 1951, *to* 10-3, 1951, *that I last saw the deceased alive on* 10-3, 1951, *and that death occurred at* 5:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Flynn (Degree or title) M. D. **23b. ADDRESS** 1515 LAFAYETTE **23c. DATE SIGNED** 10-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL **24b. DATE** 10-4-51 **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION** (City, town, or county) (State): East St. Louis, Ill

DATE REC'D BY LOCAL REG. OCT 4 1951 REGISTRAR'S SIGNATURE J. Earl Smith M.D. **25. FUNERAL DIRECTOR'S SIGNATURE** Anthony D. Fedlock **ADDRESS** E. St. Louis, Ill

(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 .....
Not Embalmed, Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Sedlack Bros
Anthony D. Sedlack

Licensed Embalmer No. .....

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.