

THE DIVISION OF HEALTH OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

39047

FILED DEC 1 1951

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State File No. 10493
10493
Registrar's No. 10493

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG.-DIST. NO. _____		State File No. 10493	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) township) <u>Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waterloo</u>		8/20/51	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>RR. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eileen Pearl</u>			b. (Middle) _____			c. (Last) <u>Soeddel</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25-51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	
8. DATE OF BIRTH <u>Nov. 2, 1951</u>		9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>East St. Louis Ill. Census.</u>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Harold E. Soeddel</u>			13b. MOTHER'S MAIDEN NAME <u>Fern Crook</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Soeddel</u> ADDRESS <u>Waterloo Ill</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis and tracheal empysemal fistula - operated & repaired</u> ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>756.2</u>					
22. I hereby certify that I attended the deceased from <u>11-14, 1951</u> , to <u>11-25, 1951</u> , that I last saw the deceased alive on <u>11-25, 1951</u> , and that death occurred at <u>4:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Emil L. Quernheim M.D.</u> (Degree or title)				23b. ADDRESS <u>500 S. Kings Highway</u>		23c. DATE SIGNED <u>11/26/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waterloo City</u>		24d. LOCATION (City, town, or county) (State) <u>Waterloo Illinois</u>	
DATE REC'D BY LOCAL (REG.) <u>NOV 26 1951</u>		REGISTRAR'S SIGNATURE <u>Emil Quernheim</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emil Quernheim</u> ADDRESS <u>Waterloo Ill</u>			

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

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Ben. H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address East Main St.

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.