

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22678****5927**

JUL 9 1952

BIRTH NO.

REG. DIST. NO.

**318**

PRIMARY REG. DIST. NO.

**1003**

Registrar's No.

**1. PLACE OF DEATH**

a. COUNTY

~~St Louis Mo.~~**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St Louis MO.

c. LENGTH OF STAY (in this place) 46 Yrs

c. CITY (If outside corporate limits, write RURAL and give township) St Louis MO. 2109

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp

d. STREET ADDRESS (If rural, give location) 3931a St Louis Ave

**3. NAME OF DECEASED**  
(Type or Print)

a. (First)

Erwin

b. (Middle)

William.

c. (Last)

Soellner

4. DATE OF DEATH

(Month) (Day) (Year)  
June 22 1952**5. SEX**

Male

**6. COLOR OR RACE**

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married**8. DATE OF BIRTH**

July 20 1905

**9. AGE** (In years last birthday)

46

# UNDER 1 YEAR

Months Days

# UNDER 24 HRS

Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Chemical Engineer10b. KIND OF BUSINESS OR INDUSTRY  
Monsanto Chem. Mfg.

11. BIRTHPLACE (City and State or Foreign Country)

St Louis MO.

12. CITIZEN OF WHAT COUNTRY?  
U.S. A.**13a. FATHER'S NAME**

Arthur Soellner

**13b. MOTHER'S MAIDEN NAME**

Veronica Goerlick

**14. NAME OF HUSBAND OR WIFE**

Jennie Soellner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No None16. SOCIAL SECURITY NO.  
497-09-757117. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Jennie Soellner 3931a St Louis**18. CAUSE OF DEATH**

Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a)**MEDICAL CERTIFICATION**

Leiomyosarcoma (Prostate)

INTERVAL BETWEEN ONSET AND DEATH  
6 mos**ANTECEDENT CAUSES**

Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.

DUE TO (b)

DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS**

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

19a. DATE OF OPERATION  
4-29-52**19b. MAJOR FINDINGS OF OPERATION**

Leiomyosarcoma

**20. AUTOPSY?**YES  NO 

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other 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

197X

22. I hereby certify that I attended the deceased from 4-26, 1952, to 6-22, 1952, that I last saw the deceased alive on 6-21, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
W. F. Melick, M.D.23b. ADDRESS  
539 N. Grand Ave23c. DATE SIGNED  
6-23-5224a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE

June 25-52

24c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24d. LOCATION (City, town, or county)

St Louis Mo.

(State)

DATE REC'D BY LOCAL REG.  
JUN 25 1952

REGISTRAR'S SIGNATURE

J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Stroot-Carroll 4600 Nat Bridge Ave

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3877

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.