

FILED SEP 23 1952

STANDARD CERTIFICATE OF DEATH

33745 State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2406

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> c. LENGTH OF STAY (in this place) <u>6 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> <u>4607</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 WESTSIDE</u>		d. STREET ADDRESS (If rural, give location) <u>316 WESTSIDE</u>	

3. NAME OF DECEASED (Type or Print) <u>ANNIE</u>	a. (First) <u>H.</u>	b. (Middle) <u>PEARSON</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-52</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-21-1867</u>	9. AGE (In years last birthday) <u>85</u>	if UNDER 1 YEAR Months	if UNDER 24 Hrs. Hours	if UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>M.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRED J. SODE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. BEHRINGER</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES SODE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred RUNGE</u>	ADDRESS <u>316 WESTSIDE</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>24 Mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Renal Disease</u> DUE TO <u>Advanced Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegy 4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from July 1948 to Sept 14, 1952, that I last saw the deceased alive on 9/14, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold Ott MD</u>	23b. ADDRESS <u>2816 Sutton St. Flor., Mo.</u>	23c. DATE SIGNED <u>9/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OUR Redeemer</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>9-16-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Al. Krow L.L. Co</u>	ADDRESS <u>2707 N. Grand</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

V E Morris

Signed.....

Student Embalmer

Licensed Embalmer No. 3360

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.