

43835

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1953

318

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 11596

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11596		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) <u>4 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		<u>2109</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4138 Farlin Avenue, 15,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Sodemann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16th, 1952</u>		
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>Oct. 7th, 1866</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Black Jack, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Siewing</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Late John A. C. Sodemann</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul W. Sodemann, 4138 Farlin Avenue, 15</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterioscler. cerebral corded vas dts</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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. <u>hypertension; Femoral hernia; strangulation of bowel</u>						INTERVAL BETWEEN ONSET AND DEATH <u>29 hr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene small intestine, resected 11-17-52</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5705</u>				
22. I hereby certify that I attended the deceased from <u>6-16, 1952</u> , to <u>12-16, 1952</u> , that I last saw the deceased alive on <u>12-15, 1952</u> , and that death occurred at <u>8:40A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Wayne O. Duke, MD.</u>				23b. ADDRESS <u>2739 No. Grand</u>		23c. DATE SIGNED <u>12-16-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 4</u>		24b. DATE <u>12/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>DEC 17 1952</u>		REGISTRAR'S SIGNATURE <u>Calvin F. Feutz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

UNTIL 4:30 P. M.

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: *Ralph C. Linders*

Licensed Embalmer No. *4275*

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.