

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34102

State File No.

9368

FILED OCT 15 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		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 town or township) SAINT LOUIS, MO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 4731 Westminster					
3. NAME OF DECEASED (Type or Print)		a. (First) HORACE		b. (Middle) Wendell			
		c. (Last) SOPER		4. DATE OF DEATH (Month) (Day) (Year) SEPT 28, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Aug. 25, 1867		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Months Days			
11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Illinois		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME William Leroy Soper.		13b. MOTHER'S MAIDEN NAME Sarah D. Homrighous.		14. NAME OF HUSBAND OR WIFE Mary Reynolds R. Soper.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary R.H. Soper. ADDRESS St. Louis, Mo.			
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) Mucous plug blocking both mainstem bronchi ANTECEDENT CAUSES Due to (b) Bronchopneumonia with pulmonary edema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Recent myocardial infarct				INTERVAL BETWEEN ONSET AND DEATH Instantaneous 72 hours	
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., 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? 491X			
22. I hereby certify that I attended the deceased from Sept 27, 1953 , to Sept 28, 1953 , that I last saw the deceased alive on Sept 28, 1953 , and that death occurred at 4:30P m. , from the causes and on the date stated above.							
23a. SIGNATURE H.R. Bradley (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 9-29-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10-1-1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory			
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					
DATE REC'D BY LOCAL REG. SEP 29 1953		REGISTRAR'S SIGNATURE J. Chalk Smith M.D.		FUNDAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, 7233 Delmar Blvd ADDRESS			

OCT 30 1958

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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.