

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1953

State File No. 41197

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10268

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)	
b. CITY (If outside corporate limits, write RURAL and give town or township) Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4525 Athlone Avenue, 15,		d. STREET ADDRESS (If rural, give location) 4525 Athlone Avenue, 15,	
3. NAME OF DECEASED a. (First) MATHILDA		b. (Middle) B.	
c. (Last) SOHLMANN		4. DATE OF DEATH Oct. 27th, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2nd, 1874
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	
11. BIRTHPLACE (City and State or Foreign Country) Iglo, Hungary		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mathew Hoensche		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Late John Sohlmann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Bogner, 1124 Avant Dr., Hill St. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Sclerosis</i> DUE TO (c) <i>Arterio Sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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? 4201		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 p.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Calvin F. Feutz</i>		23b. ADDRESS 300 Clark	
23c. DATE SIGNED 10/29/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-3-53		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		DATE REC'D BY LOCAL REG. OCT 29 1953	
REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri	

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

John A. Miller

Licensed Embalmer No. *4186*

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.