

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17497**

FILED JUN 8 1954

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **500** Registrar's No. **1090**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Ann		c. CITY OR TOWN St. Ann 407	
c. LENGTH OF STAY (In this place) 2 yrs		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Florence Avenue		e. STREET ADDRESS (If rural, give location) Florence Ave - Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle)	c. (Last) Sobinski	4. DATE OF DEATH (Month) (Day) (Year) May 7, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 23, 1878	9. AGE (In years last birthday) 76	10. MONTHS 76	11. DAYS 76	12. HOURS 76	13. MIN. 76
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Householder	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Sobinski Dcd	13b. MOTHER'S MAIDEN NAME Marie Njehoff Dcd.	14. NAME OF HUSBAND OR WIFE None
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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 Edith F. Cornelius	18. ADDRESS Box 71 St. Ann, Mo. R#7-
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Chronic)		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **Jan 2, 1954**, to **May 7, 1954**, that I last saw the deceased alive on **May 2, 1954**, and that death occurred at **12:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. E. Sterling MD (Degree or title)	23b. ADDRESS 2050 North Smith Rd St Louis Mo	23c. DATE SIGNED 5-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
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DATE REC'D BY LOCAL REG. 5/10/54	REGISTRAR'S SIGNATURE Richard R. Sommers	25. FUNERAL DIRECTOR'S SIGNATURE William W. Overland	ADDRESS 2504 Woodson Rd Overland-14-Mo.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Oscar F. Mueller*.....

Licensed Embalmer No... *30*.....

P. O. Address *Overland*.....

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.