

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25738

State File No. ....

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1633</u>	
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 OR TOWN <u>St. Ann</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>St. Ann</u> <u>7407</u>		d. Is 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 <u>Florence Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>Box 717-A</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>			b. (Middle) _____		c. (Last) <u>Sobinski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 5, 1880</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Householder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Sobinski</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Niehoff</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXXXXXX NONE</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>Edith Cornelius St. Ann, Mo. Box 717-</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General carcinoma in 3 ins.</u> DUE TO (c) <u>Carcinoma of left breast</u> 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 <u>X-Ray therapy only during past 4 months</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) <u>170X</u> (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? _____			
22. I hereby certify that I attended the deceased from <u>Feb 20, 1954</u> , to <u>July 7, 1954</u> , that I last saw the deceased alive on <u>July 6, 1954</u> , and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. N. Snyder</u> (Degree or title) _____				23b. ADDRESS <u>705-Ohio St.</u>		23c. DATE SIGNED <u>7-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/9/54</u>		REGISTRAR'S SIGNATURE <u>Harold S. Stambaugh</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William W. Woodson</u>		ADDRESS <u>504 Woodson Rd - Overland, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. *307*

P. O. Address *Owens*

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.