

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29375

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1989

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Missouri</u>		c. CITY OR TOWN <u>San Diego</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>818 A Street</u> <u>809 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) <u>F.</u> c. (Last) <u>SOPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Div.</u>	8. DATE OF BIRTH <u>12-1-1904</u>	9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bechtol Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vermont</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Clinton Soper</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Wilma Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Co. Hospital Records Clayton, Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pneumonia</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 (b) <u>Acute Brain Syndrome - alcohol intoxication delirium tremens</u> <u>2) Fatty infiltration of liver</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 8-12, 1954, to 8-15, 1954, that I last saw the deceased alive on 8-15, 1954, and that death occurred at 11:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E Brodine M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED
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24a. BURIAL CREMATION, and/or final disposition <u>Removal</u>	24b. DATE <u>8/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>National City, Calif</u>
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DATE REC'D BY LOCAL REG. <u>8/16/54</u>	REGISTRAR'S SIGNATURE <u>Robert S. Lambert</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H Boop Dir. Kirkwood Mo.</u>
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(Issued Embalmers' Statement on Reverse Side)

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

SEP 12 1937

GROUP 2

1937

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 *Allen Davis*

Licensed Embalmer No. *40*

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.