

THE DIVISION OF HEALTH OF MISSOURI
 FILED OCT 7 - 1955 STANDARD CERTIFICATE OF DEATH

State File No. **31513**
 Registrar's No. **8559**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE St. Louis b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 7 yrs | | d. STREET ADDRESS (If rural, give location) 3628a Russell Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3628a Russell Ave. | | e. STREET ADDRESS 3628a Russell Ave. | |

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|-------------------------------------|--------------------------|---------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Marcel | b. (Middle) Joseph | c. (Last) Soucy Jr. | 4. DATE OF DEATH (Month) (Day) (Year) 9 29 1955 |
|-------------------------------------|--------------------------|---------------------------|----------------------------|--|

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|--------------------|-------------------------------|--|----------------------------------|---|------------------------|-----------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH 4/8/1924 | 9. AGE (in years last birthday) 31 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Mins. |
|--------------------|-------------------------------|--|----------------------------------|---|------------------------|-----------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman | 10b. KIND OF BUSINESS OR INDUSTRY Amer. Tobac. Co. | 11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Ill. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME M. J. Soucy | 13b. MOTHER'S MAIDEN NAME Pearl Armstrong | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes | 16. SOCIAL SECURITY NO. 341-24-3149 | 17. INFORMANT'S SIGNATURE OR NAME John Soucy, M.D. | ADDRESS 420. D |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial Infarction | | |
| | ANTECEDENT CAUSES arteriosclerotic heart disease | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. angina | | DUE TO (b) arteriosclerotic heart disease 3 days | |
| DUE TO (c) angina | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION ne | 19b. MAJOR FINDINGS OF OPERATION | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Sept 26, 1955**, to **Sept 29, 1955**, that I last saw the deceased alive on **Sept 27, 1955**, and that death occurred at **7:50 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE John Soucy, M.D. (Degree or title) | 23b. ADDRESS 234 Calumet Ave. E. St. Louis | 23c. DATE SIGNED 9-29-55 |
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| 24. BURIAL CREMATION (Removal of body) BURIAL | 24b. DATE 10/11/1955 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Church | 24d. LOCATION (City, town, or county) (State) St. Louis |
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| DATE REC'D BY LOCAL REG. SEP 30 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 5. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Bruehl | ADDRESS St. Louis |
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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 Jul

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldus

Licensed Embalmer No. 2420

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 this body is not embalmed, fact should be so stated above.