

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39340

State File No. _____

BIRTH FILED **NOV 29 1955** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2595**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Carsonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 8 mos.		d. STREET ADDRESS (If rural, give location) 3931 St. Louis Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home, 4401 Carson			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) MARTIN c. (Last) SOELLNER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1955.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1876.	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days 2 11 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist-retired		10b. KIND OF BUSINESS OR INDUSTRY Retail Drug	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anton Soellner	13b. MOTHER'S MAIDEN NAME Helena Leonhardt	14. NAME OF HUSBAND OR WIFE Veronica Soellner
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. 492-01-4452A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur B. Soellner, 3931 St. Louis Ave.

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 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis		1 1/2 10 1/2 8 1/2	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500		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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Oct**, 19**53**, to **Nov**, 19**55**, that I last saw the deceased alive on **Sept 1**, 19**55**, and that death occurred at **9:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Poggemeier, M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Nov 6, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/8/55	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE RECD BY LOCAL REG. 11-7-55	REGISTRAR'S SIGNATURE Herbert R. [Signature]	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter F. Fouts, 4528 Natural Bridge Blvd.
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph C. Linderis

Signed.....

Student Embalmer

Licensed Embalmer No. 4275

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.