

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4824
Registrar's No. 1003

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS Mo</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>ST. LOUIS</i>		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 <i>ST. LOUIS CITY HOSPITAL</i>				• STREET ADDRESS (If rural, give location) <i>23 2029 SIDNEY 2750</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>EMMA</i>		b. (Middle)		c. (Last) <i>SOFFNER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 17 1956</i>	
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>SEPT. 23 1886</i>	
9. AGE (In years last birthday) <i>69</i>		10. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>PETER EHRHARD</i>		13b. MOTHER'S MAIDEN NAME <i>BARBARA HACKER</i>		14. NAME OF HUSBAND OR WIFE <i>EDWARD SOFFNER</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>EDWARD SOFFNER 2029 SIDNEY</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy</i> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>334x</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>250A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Carver</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>5.18.56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>		24b. DATE <i>MAY 19 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Missouri CREMATORY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>	
DATE REC'D BY LOCAL REG. <i>MAY 18 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Thomas Rute 2906 Grand</i>			

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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Burdette*.....
Licensed Embalmer No. *398*.....
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.