

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

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36223
State File No. 8950
Registrar's No.

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 MISSOURI b. COUNTY _____			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 5 weeks		c. CITY OR TOWN ST. LOUIS		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 DEACONESS HOSPITAL				e. STREET ADDRESS (If rural, give location) 205 10 # 17 ARUNDEL PLACE			
3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV		b. (Middle) _____		c. (Last) SOECKNICK.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MAY 27 1863	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY WOKEN BARBER SHOP		11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LEOPOLD SOECKNICK		13b. MOTHER'S MAIDEN NAME ANNA MARIE Unknown		14. NAME OF HUSBAND OR WIFE AUGUSTE SOECKNICK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRIEDA SOECKNICK		ADDRESS ARUNDEL Pl.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from st. lenticulostriate artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, cerebral DUE TO (c) arteriosclerosis, general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 5 days 3 yrs 15 yrs 5 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 331x.				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) _____ 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 23 Sept, 1956 , to 28 Sept, 1956 , that I last saw the deceased alive on 28 Sept, 1956 , and that death occurred 2:35 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jed's Burrows M.D.				23b. ADDRESS 110 S. Central Clayton		23c. DATE SIGNED 29 Sept 56	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 10-2-56		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUS.		24d. LOCATION (City, town, or county) (State) St. Louis - Missouri	
DATE REC'D BY LOCAL REG. SEP 29 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd;			

(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 *Clarence H. Mur*.....

Licensed Embalmer No. *4011*.....

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.