

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027725
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1830

FILED JUL 21 1958

PLACE OF DEATH

a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO** b. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **OVERLAND** Inside Limits Yes No

c. CITY OR TOWN **OVERLAND 4228** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **9410 NORTH AVE** Length of stay in lb **40 YRS**

d. STREET ADDRESS (If outside, give location) **9410 NORTH AVE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **ELLA B SOBOLEWSKI**

4. DATE OF DEATH Month Day Year **7 10 58**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH **SEPT-11-1872** 9. AGE (In years last birthday) **85**

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and state or country) **ST. LOUIS MO**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **JOHN REED** 13b. MOTHER'S MAIDEN NAME **CAROLINE C WILLIAMS**

14. NAME OF HUSBAND OR WIFE **ALBERT-SOBOLEWSKI**

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. **NO** 17. INFORMANT Address **ELLA B. SOBOLEWSKI-5744 CLEMENS**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Chronic Myocarditis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Myocardium**

INTERVAL BETWEEN ONSET AND DEATH **1 year**

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE **Acc SW M**

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **2**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Death occurred at **July 1944 to July 1948** and last saw her alive on **July-9-58**

8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. A. Hall M.D.** (Degree or title)

22b. ADDRESS **4903 DELMAR**

22c. DATE SIGNED **7-10-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

23b. DATE **7-11-58**

23c. NAME OF CEMETERY OR CREMATORY **BELLEFONTAINE CEM.**

23d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

24. FUNERAL DIRECTOR ADDRESS **JAY B. SMITH-Maplewood 17 Mo**

25. DATE RECD. BY LOCAL REG. **7-10-58**

26. REGISTRAR'S SIGNATURE **Herbert R. Donke M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300
1-57

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 *J. L. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.