

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019647

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. Primary Registration District No. Registration No. 4985

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY St. Louis OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		Length of stay in 1b	d. STREET ADDRESS 2820 Union Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lee L. O Soete			4. DATE OF DEATH May 21 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14 1906		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Sargeant		10b. KIND OF BUSINESS OR INDUSTRY Metropolitan Police		11. BIRTHPLACE (City and state or country) Butte, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm L Soete		13b. MOTHER'S MAIDEN NAME Minnie Keane	
14. NAME OF HUSBAND OR WIFE Grace Soete		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. none	
17. INFORMANT Grace Soete		Address 2820 Union Blvd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Incompetence				INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease				1 yr +	
DUE TO (c) Precipitated During Alch Epl - 4 2 21 H				7 hrs 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) Coronary & Septal Artery involvement of Bicuspid Aortic				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May 7 1959 to May 21 1959 and last saw him alive on May 21 1959 Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joshua J. Jones M.D. (Degree or title)			22b. ADDRESS 607 N. Grand Blvd		22c. DATE SIGNED 5/22/59
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		23b. DATE May 25 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis,		23e. STATE MO.			
24. FUNERAL DIRECTOR Dennis Nichols		ADDRESS 1431 Union Bl.		25. DATE RECD. BY LOCAL REG. MAY 22 '59	
26. REGISTRAR'S SIGNATURE Mrs. Carl Smith, M.D.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harvey Kahle*

Licensed Embalmer No. *4596*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.