

DATE AMENDED  
 2  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		Length of stay in 1b <u>8 hours</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>2312 Salisbury Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>E</u> Last <u>Soncasia</u>				4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1961</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-27-1906</u>		9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor of Confectionery</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (City and state or country) <u>De Soto, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joseph Soncasie</u>				13b. MOTHER'S MAIDEN NAME <u>Bridget Tebeau</u>				14. NAME OF HUSBAND OR WIFE <u>Pearl M. Soncasie</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>NO</u>				17. INFORMANT <u>Mrs. Pearl M. Soncasie, 2312 Salisbury St</u>				Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Polycythemia Secondary</u>		4 years	
										DUE TO (c) <u>Eisenmenger's Complex</u>		lifetime	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>754.2</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan 1961</u> to <u>4-29-61</u> and last saw him <sup>NGK</sup> alive on <u>4-29-61</u> Death occurred at <u>10:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Kenneth C. Price MD</u> (Doctor or title)						22b. ADDRESS <u>52 Maryland Plaza</u>			22c. DATE SIGNED <u>5-1-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal via Motor</u>		23b. DATE <u>May 3 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			23d. LOCATION (City, town, or county) <u>De Soto, Missouri</u> (State)						
24. FUNERAL DIRECTOR <u>Math Hermann &amp; Son, Inc., 2161 E. Fair A</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>MAY 1 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>						

**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

*Alfred W. Kelly*

Licensed Embalmer No. 3737

P. O. Address G. Lavin Inc

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.