

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
5054a Tennessee  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Soehnlin 545

3. (b) If veteran, name war: --- (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William E. 6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased February 25, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 3 20 hr. min.

9. Birthplace: St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Home

11. Industry or business: 6

12. Name: Louis Meyer 9

13. Birthplace: Germany  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Weidemann  
(b) Address: 5054a Tennessee

17. (a) Burial (b) Date thereof: 6/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Wacker-Heldnerle

(b) Address: 2331 S. Broadway

19. (a) JUN 17 1940 (b) J. F. Bredeck  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 5054a Tennessee  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1940 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 13 1940 to June 16 1940  
that I last saw her alive on June 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: [Signature]  
(Include pregnancy within 3 months of death)

Major findings: Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (a) Means of injury: 1

23. Signature: Frank Stange (M. D. or other)  
Address: 3924 S. Grand Date signed: 6/17/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**