S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23419

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5864

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
City Hospital Receiving Room
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4180 Concordia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George L. Sohm 5 0 1

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mathilda Sohm

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 6, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	4	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Teamster

11. Industry or business 6

FATHER
12. Name John Sohm
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Wilhelmina Dorhn
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant X Mathilda Sohm
(b) Address 4180 Concordia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) (Date received local registrar) (b) J. F. Bruleck (Registrar's signature)

JUL 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 10 minute 15 a.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Illuminating Gas Poison; self administered at his home 4180 Concordia Avenue, on July 9th, 1940, at about 1:30 P.M.

Due to

Due to

Other conditions
(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) Suicide
(b) Date of occurrence July 9, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)
While at work? No (e) Means of injury Illuminating Gas

23. Signature Alfred Weiss (M. D. or other)
Address Deputy Coroner Date signed 7/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

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