

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33573
State File No. 8531
Registrar's No.

BUREAU OF THE CENSUS
FILED NOV 24 1941
791

Registration District No.

Primary Registration District No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four hours
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Sohnle

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
7. Birth date of deceased May 18 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Restaurant man

11. Industry or business _____

12. Name Sohnle Germany
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 Alice Sohnle
(b) Address 4035 S. Grand Ave.

17. (a) Sburialas C (b) Date thereof 10/29/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director John J. Ziegenheim & Sons
(b) Address 7027 Gravois Ave.

19. (a) OCT 28 1941 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")
(d) Street No. 4035 S. Grand Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1941 hour 12:25 minute A M.
21. I hereby certify that I attended the deceased from Sept. 1939
to Oct. 26 1941
that I last saw him alive on Oct. 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 6 hrs.
Due to General Arterial Sclerosis True
Hypertension yes
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy None
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Dr. P. H. Koch (M. D. or other) 0
Address 3116 S. Grand Date signed 10/27/41

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

MOTHER FATHER

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.....

G. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravaio*

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, fact should be so stated above.