No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42920

Registration District No. 784 Primary Registration District No. 1 6 Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7534 West Morland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County st louis
(c) City or town ~~Clayton~~ St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3745 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ira Nelson Soper
3. (b) If veteran, name war no
3. (c) Social Security No. 340-03-6923
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Soper
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July (Month) 28 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
52	5	6	hr. min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Enginer
11. Industry or business Small arms plant

FATHER
12. Name Frank Soper
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Harriett Fallhurst
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Soper
(b) Address 3745 Lindell
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago ILL.
18. (a) Signature of funeral director Alexander + Sons Inc.
(b) Address 6175 Delmar Blvd. St Louis Mo
19. (a) JAN 5- 1942 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1942 hour 11:40 minute A.M.
21. I hereby certify that I attended the deceased from 1 A.M. Jan. 4th, 1942 to 1:40 A.M. 1942; that I last saw him alive on Jan. 4th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration several years.
Due to Hypertension
Due to
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

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 Marshall G. Seibel (M. D. or other)
Address 3720 Washington Date signed 1-4-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1948

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Jos. C. McCulloh

Licensed Embalmer No. 6170 Delma

P. O. Address 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.