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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7211

Primary Registration District No. 3063

Registrar's No. 489

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: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 36 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 96

(d) Street No. 409 Couch Ave (If rural, give location) 4

(e) Citizen of foreign country? (~~Yes or~~ No) 1 3

If yes, name country

3. (a) PRINT FULL NAME Fredrick Soeker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 7

6. (b) Name of husband or wife Elizabeth Huber

6. (c) Age of husband ~~or~~ wife if alive 81 years

7. Birth date of deceased July (Month) 26 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	22	hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Henry Soeker 11
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna ? Soeker 11
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Soeker

(b) Address St. Louis Training School

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 45 (Month) (Day) (Year)

(c) Place: burial or cremation Mus Bethlehem

18. (a) Signature of funeral director Bederwieder Funeral Home

(b) Address 1936 St. Louis Av.

19. (a) FEB 20 1945 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1945 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb. 7, 1945, to Feb. 17, 1945 that I last saw him alive on Feb. 17, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive CV disease	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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 W. H. Lewin (M. D. ~~or other~~) MD

Address 601 Brentwood Mo. Date signed 4/17/45

(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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.