. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24953

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1556

1. PLACE OF DEATH:
(a) County ST. LOUIS CO. MO.
(b) City or town MOLINE MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HALLS FERRY MEMORIAL HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 DAY (Specify whether years, months or days)
In this community 18 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ~~ST LOUIS~~
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1052 BITTNER ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA SOEDER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM SOEDER SR.
6. (c) Age of husband or wife if alive — — — years
7. Birth date of deceased Aug. (Month) 29 (Day) 1858 (Year)

8. AGE: Years 87 Months 10 Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business

FATHER
12. Name GEORGE HAGEMEYER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES SOEDER
(b) Address 1052 BITTNER ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETER CEM.
18. (a) Signature of funeral director Diedrich F. HOME
(b) Address 8319 Halls Ferry Rd.
19. (a) 7-24-46 (Date received local registrar) (b) E. J. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 year 1946 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from Jan 2 1946 to July 3 1946 that I last saw her alive on July 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis 5
Due to not known
Due to
Other conditions Chronic cystitis
(Include pregnancy within 3 months of death)
Major findings: Of operations none
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) none
(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 N. A. Miller (M. D.)
Address 8401 Broadway Date signed 7/23/46

(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 John Gyonoski

Licensed Embalmer No. 3398

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, fact should be so stated above.