

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 20 1946

Registration District No. 115

Primary Registration District No. 41875433

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Union Mo. R.R.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 yr.
 years, months or days)

3. (a) PRINT FULL NAME Herman Frank Soetebier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Francis Soetebier 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased January 20th 1863
(Month) (Day) (Year)8. AGE: Years 83 Months 9 Days 20 If less than one day hr. _____ min. _____9. Birthplace Union Mo. R.R.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Frank Soetebier13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Charlotte Soetebier15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Ernest Maune(b) Address Washington Mo. R.R.17. (a) Burial (b) Date thereof 11/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. John Ev. Church18. (a) Signature of funeral director E. H. Ottman(b) Address Union Mo. R.R.19. (a) Nov. 11 - 1946 (b) F. T. Cooper C.F.C.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Union R.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 10th
Year 1946 hour 1 minute 0 P. M.21. I hereby certify that I attended the deceased from 11-5, 1946 to 11-10, 1946
that I last saw h. i. m. alive on 11-9, 1946
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis
Duration 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94 R.

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. M. Jenny (M. D. or other) M.D.Address Union Mo. R.R. Date signed 11-11-46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 11/19/46

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 E. F. Oltmann
Licensed Embalmer No. 1686
P. O. Address Union Mo.

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.