

S. No. 2  
1-12-45  
5-17-39  
I X47070

**FILED DEC 24 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42054**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **3503**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital** 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since 12-13-46**  
(Specify whether Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** 9/6  
(c) City or town **University City** 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1249 North and South Roads** 5  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) 1  
If yes, name country.

3. (a) PRINT FULL NAME **SOEDE, John G.**

3. (b) If veteran, name was **Spanish-American** 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Sodée** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **December 2, 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day	
	<b>74</b>	<b>0</b>	<b>11</b>	<b>3</b> hr.	<b>30</b> min.

9. Birthplace **Denmark** 4  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Peter Sodée**

13. Birthplace **Denmark** 4  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline (Unknown)**

15. Birthplace **Denmark** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hospital,**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **Dec. 17/46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Central Cem.,**

18. (a) Signature of funeral director **W. Clark Funeral Home**

(b) Address **St. Louis, Missouri**

19. (a) **12-16-46** (b) **Paul J. Stiller**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14**  
year **1946** hour **3:30** minute **A** M.

21. I hereby certify that I attended the deceased from **December 13,** 19**46**, to **December 14,** 19**46**.  
that I last saw him alive on **December 14,** 19**46**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY ARTERIOSCLEROTIC HEART DISEASE, MYOCARDIAL DAMAGE, AURICULAR FIBRILLATION**

Due to **94a**

Other conditions **HYDROTHORAX, BILATERAL**  
(Include pregnancy within 3 months of death)

Major findings: **No Operation**

Of autopsy **Autopsy performed (See Cause of Death)**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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 **0**

23. Signature **L.E. Stilwell** (M. D. or other)

Address **L.E. STILWELL, M.D.** Date signed **12-14-46**

(Licensed Emballer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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..... *Alfred J. Boedeker*  
Licensed Embalmer No..... 2663

P. O. Address..... 1125 Hodiamont Ave.,

**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.**