

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

19386
State File No. _____
Registrar's No. 4819

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4204 Botannical Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

3. (a) PRINT NAME John H. Soell
FULL NAME
3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie D. Soell 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug 19, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 24 hr. min.

9. Birthplace Union Hill - New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Vice President

11. Industry or business Mo Portland Cement Co

12. Name John H. Soell

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John H. Soell
(b) Address 4204 Botannical Ave

17. (a) Burial (b) Date thereof 5/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill-Kirkwood

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd

19. (a) MAY 13 1947 (b) J. F. Rudcek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oas
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4204 Botannical
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13
year 1947 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 1, 1945 to May 13, 1947
that I last saw him alive on May 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
hypertension
Due to hypertension

Due to chronic myocarditis
transmission

Other conditions (include pregnancy within 3 months of death) 93

Major findings: Of operations _____
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. F. Rudcek (M. D. or other) M.D.
Address 30145 Jefferson Date signed 5/13/47

Duration 7 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Dr N. Kinner
3016 W Jefferson
11 till 1 P.M.

7/25/20

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.....

Nevelle P. Prohwitter

Licensed Embalmer No. *3696*

P. O. Address.....

416 Linedell

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.