

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31923

#114760

State File No. 7952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2-219	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 2720a Franklin Ave.,			
3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) c. (Last) SOUELL			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16th, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11th, 1869	9. AGE (In years last birthday) (Months) (Days) 81	IF UNDER 1 YEAR IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown / Tenn.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Jerry Souell		13b. MOTHER'S MAIDEN NAME Mary Unknown	
14. NAME OF HUSBAND OR WIFE Sarah Souell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME M. Renard		ADDRESS St. Louis City Hospital #1.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myelogenous leukemia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i> <i>indefinite</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>20 ft. fall</i>	
22. I hereby certify that I attended the deceased from <u>9/9/50</u> , 19 <u>50</u> , to <u>9/16/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/16/50</u> , 19 <u>50</u> , and that death occurred at <u>4:50am</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Gary B. Hood, M.D.</i>		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 9/16/50		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 21, 1950	
24c. NAME OF CEMETERY OR CREMATORY <i>City Infirmary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. SEP 20 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
				ADDRESS <i>[Address]</i>	

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

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

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.