

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10609

State File No. ....

FILED APR 12 1952

1003

Registrar's No. 2857

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>2857</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>				9. STREET ADDRESS (If rural, give location) <b>3218 MAGNOLIA AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>FRED</b>		a. (First) _____		b. (Middle) <b>C</b>		c. (Last) <b>SODE</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>12-3-1868</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway Express</b>		11. BIRTHPLACE (State or foreign country) <b>ZANESVILLE, OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>	
13a. FATHER'S NAME <b>FRED SODE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZ. BEHRINGER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Annie Pearson</b> ADDRESS <b>3218 Magnolia</b>			
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) <b>Pneumonia - Virus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis, Chronic</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>492X -</b>			
22. I hereby certify that I attended the deceased from <b>3-15, 1952</b> , to <b>3-25, 1952</b> , that I last saw the deceased alive on <b>3-24, 1952</b> , and that death occurred at <b>3: A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John A. Krowl M.D.</b>				23b. ADDRESS <b>1504 So Grand Ave</b>		23c. DATE SIGNED <b>3-25-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>3-27-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 26 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Krowl &amp; H. Co</b>		ADDRESS <b>2707 N. Grand</b>	

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed: *Gustav W. Dittels*  
Licensed Embalmer No. *4329*  
P. O. Address: *St. Louis, 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.