

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18572**  
**4878**

**FILED JUN 16 1952**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4878</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 Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2229</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>180Y RUTGER</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alex.</b> b. (Middle) _____ c. (Last) <b>SOAIB</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1952</b>						
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>DEC. 25, 1865</b>		9. AGE (In years last birthday) <b>86</b>	# UNDER 1 YEAR Months _____	# UNDER 1 YEAR Days _____	# UNDER 1 YEAR Hours _____	# UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give what work done during most of working life, or if retired) <b>Priest</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, and State or Foreign Country) <b>SYRIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>8</b>		
13a. FATHER'S NAME <b>SIMON SOAIB</b>			13b. MOTHER'S MAIDEN NAME <b>HILDA MICHAELS</b>		14. NAME OF HUSBAND OR WIFE _____				
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 ADDRESS <b>ANNA AMAD 180Y RUTGER</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>Cardio-Vas. - Renal Disorder</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertroph. Prostate</b>  DUE TO (b) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis - Generalized</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
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>442X</b>					
22. I hereby certify that I attended the deceased from <b>20 May 1952</b> to <b>27 May 1952</b> , that I last saw the deceased alive on <b>26 May 1952</b> , and that death occurred at <b>3 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Frank J. Kelly M.D.</b> (Degree or title)				23b. ADDRESS <b>1935 Park</b>		23c. DATE SIGNED <b>27 May 52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 29 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.S. PETER &amp; PAUL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>				
DATE REC'D BY LOCAL REG. <b>MAY 27 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Gravois</b>					

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

1935 Book

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leo J. Buddle

Licensed Embalmer No. 3989

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.