

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18573  
State File No. 4516

FILED JUN 6 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 770. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2231	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.		d. STREET ADDRESS (If rural, give location) 23 2630 S. 13 <sup>th</sup> St.	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Edmond c. (Last) Sofka.			4. DATE OF DEATH (Month) (Day) (Year) 7 May 14 1952.
5. SEX 0 Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 13 1906
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Griesediech	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Matt Sofka		13b. MOTHER'S MAIDEN NAME Martha McCleary	14. NAME OF HUSBAND OR WIFE Lillian Sofka
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 493-07-0493	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lillian Sofka 2630 S. 13 <sup>th</sup> St.
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) Chronic Myocarditis with Decompensation DUE TO (b) Decompensation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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?	
22. I hereby certify that I attended the deceased from Jan. 25, 1952 to May 14, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 10:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED		3505 S. Travis	
5/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
Burial		May 17, 1952	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
New St. Marcus		St. Louis Mo	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
MAY 15 1952		L. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
With Bro. Kelly		2929 S. Jefferson	

**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 A. M. Davis

Licensed Embalmer No. 324

P. O. Address 2929 So. Jefferson

**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.