

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26354

State File No. ....

FILED JUL 22 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

6703

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....		6703	
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				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2177			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2915a Victor St.				d. STREET ADDRESS (If rural, give location) 2915a Victor St.					
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) T.		c. (Last) Soult		4. DATE OF DEATH (Month) (Day) (Year) July 9, 1952		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 24, 1887		9. AGE (In years last birthday) 64	
								IF UNDER 1 YEAR Days 6	
								IF UNDER 24 HRS. Hours 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary-Engineer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Berkeley Spring, West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel T. Soult			13b. MOTHER'S MAIDEN NAME Rosa Felhan			14. NAME OF HUSBAND OR WIFE Dixie Soult			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 702-16-3551		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dixie Soult 2915a Victor 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease  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 12-24 hours  yr.	
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) St. Louis, Mo.					
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? 42.0.0					
22. I hereby certify that I attended the deceased from May, 1952, to 7/9/52, that I last saw the deceased alive on 7/9/52, 1952, and that death occurred at 12 Noon m., from the causes and on the date stated above.									
23a. SIGNATURE J. Arnezera (Degree or title) M.D.				23b. ADDRESS 539 N. Grand				23c. DATE SIGNED 7/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 7/11/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUL 10 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave				

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert F. Gebker

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.