No. 300
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FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12422

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- MERAMEC
c. LENGTH OF STAY (In this place): 3 yrs 11 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3017 LAFAYETTE AVE

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): JOSEPH
c. (Last): SORAGHAN

4. DATE OF DEATH (Month) (Day) (Year): 4 - 12 - 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JULY 1878
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months: 3 Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LEGITIMATE THEATRE ACTOR- DIRECTOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PETER SORAGHAN
13b. MOTHER'S MAIDEN NAME: CATHERINE CAHILL
14. NAME OF HUSBAND OR WIFE: SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: BRO. CONRAD - ST. JOSEPH'S HILL INF

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) VIRUS PNEUMONIA

DUE TO (c) ARTERIO-SCLEROSIS

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: 4924
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* APRIL 23, 1951, *to* APRIL 11, 1955, *that I last saw the deceased alive on* APRIL 11, 1955, *and that death occurred at* 11:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Meades M.D.
23b. ADDRESS: 4323 ROLAND DR. NORMANDY MO.
23c. DATE SIGNED: 4/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-55
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 4-16-1955
REGISTRAR'S SIGNATURE: Ruth Jirsa 438-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bocklage Funeral Home, 6536 Clayton Rd

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAY 24 1955

DATE RECEIVED

APR 20 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ettore H. Remelin

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.