

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13912**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3611**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.-STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle)	c. (Last) SOHM
4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1955		5. STREET ADDRESS (If rural, give location) 16 3418a Utah St. 27690	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 9, 1873
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Fialka	
14. MOTHER'S MAIDEN NAME Sophia Heytmanek		15. NAME OF HUSBAND OR WIFE Late Frank Sohm	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None		17. SOCIAL SECURITY NO. None	
18. INFORMANT'S SIGNATURE OR NAME Francis Sohm		19. ADDRESS 3418 Utah 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) Hemiplegia due to cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) suicide	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 334X		22. I hereby certify that I attended the deceased from Feb 23, 1955 , to Apr 20, 1955 , that I last saw the deceased alive on Apr 11, 1955 , and that death occurred at 8:36P m., from the causes and on the date stated above.	
23a. SIGNATURE R. Berglund (Degree or title)		23b. ADDRESS 3203 Grand Boulevard	
23c. DATE SIGNED 4.21.55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 23, 1955		24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. APR 22 1955		REGISTRAR'S SIGNATURE J. Carl Smith	

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

