

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11460**  
Registrar's No. **3013**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
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) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		20490		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda General Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4 6756 Nashville, St. Louis, 10, Mo.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b> b. (Middle) <b>Anna</b> c. (Last) <b>Soke</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1956</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>10-6-1881</b>		9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>17</b>	IF UNDER 18 Mts. Hours _____ Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>4</b> <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
3a. FATHER'S NAME <b>Joseph Hansen</b>		3b. MOTHER'S MAIDEN NAME <b>Marie Haphen</b>		14. NAME OF HUSBAND OR WIFE <b>Emery Soke</b>				
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Pfeiffer</b>					ADDRESS <b>above</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						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____						II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerotic Heart Disease</b> 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 checked="" type="checkbox"/> NO <input 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) <b>10:30 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>1-26, 1956</b> , to <b>3-23-</b> , 1956, that I last saw the deceased alive on <b>3-23-56</b> , 1956, and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Vincent Townsend MD</b>				23b. ADDRESS <b>3101 Sutton Ave Maplewood, Mo</b>		23c. DATE SIGNED <b>3-24-56</b>		
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>3-26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAR 26 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith, Maplewood, Mo.</b>				

(Licensed Embalmer's Statement of Reverse Side)

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—

X

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*H. E. Burgess*

Licensed Embalmer No. 41029

P. O. Address Maplewood

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

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