

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43918

STATE FILE NUMBER 10525

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE MISSOURI b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST. LOUIS MO | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Richmond Heights ST. LOUIS, 41085 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM HOSPITAL | | | Length of stay in lb 4 DAYS | d. STREET (If outside, give location) ADDRESS 1708 BELLEVUE | |
| 3. NAME OF DECEASED (Type or print) JOSEPH A SOHM | | | First Middle Last | 4. DATE OF DEATH NOVEMBER 17, 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-31-91 | 9. AGE (In years last birthday) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) QUINCY, ILL | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME JOSEPH SOHM | | | 14. MOTHER'S MAIDEN NAME THRESA WELTIN | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I | | 16. SOCIAL SECURITY NO. 494-36-3053 | 17. INFORMANT Address MISSOURI VA HOSPITAL RECORDS. 915 N. GRAND. ST. LOUIS | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO RHEUMATIC HEART DISEASE. | | | | | INTERVAL BETWEEN ONSET AND DEATH 4/6x |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) _____ |
| DUE TO (c) _____ | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. Attended the deceased from 11-13-56 to 11-17-56 and last saw him alive on 11-17-56 Death occurred at 3:05 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Chas Smith Jr. M.D. | | | 22b. ADDRESS VAH. ST. LOUIS, MISSOURI | | 22c. DATE SIGNED 11-17-56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 11-19-56 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons-7233 Delmar Blv&d. | | 25. DATE RECD. BY LOCAL REG. NOV 19 1956 | 26. REGISTRAR'S SIGNATURE Carl Smith MD | | |

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.