

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012330

STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3644

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, give TOWNSHIP only) OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Anthonys Hosp.			Length of stay in 1b	d. STREET ADDRESS 23 2058 ANN Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First John Middle Last Sobery			4. DATE OF DEATH Month Day Year March 31, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 10, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Sobery's Bakery		11. BIRTHPLACE (City and state or country) GERMANY 4	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Wilhelm Sobery		
14. MOTHER'S MAIDEN NAME Caroline Schallg			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT Address Gertrude M. Coibion 2058 ANN Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FIBRILLATION, CONGESTIVE FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO AND OLD MYO CARDIAL INFARCTION DUE TO (c) 426.DH					INTERVAL BETWEEN ONSET AND DEATH 7 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1) DIABETES MELLITUS 2) BRONCHOGENIC CARCINOMA RIGHT					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 1		
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. I attended the deceased from OCT 10 1950, to MAR 30 1958 and last saw him alive on MAR 30 1958 Death occurred at MAR 31 1958 7:00 PM the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry Cooper M.D.			22b. ADDRESS 218 OHIVE ST		22c. DATE SIGNED 3/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE April 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) ST. Louis, Co. Mo.
24. FUNERAL DIRECTOR ADDRESS With Bur. L. & U. G. 2929 S. Jefferson			25. DATE RECD. BY LOCAL REG. MAR 31 '58		26. REGISTRAR'S SIGNATURE C. C. Smith

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. If death is due to natural causes, coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold C. Witt*

Licensed Embalmer No. 435

P. O. Address 2929 S. J...

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