

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030975

STATE FILE NUMBER

8551

FILED SEP 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>38 ENROUTE CITY Hosp. 0</i>		d. STREET ADDRESS (If outside, give location) <i>222 1304 S. 14th ST</i>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>FRED</i> Middle Last <i>SOBERY</i>		4. DATE OF DEATH Month <i>Aug.</i> Day <i>26</i> Year <i>1958</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG. 27, 1885</i>
9. AGE (In years last birthday) <i>72</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED CONFECTIONER</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>GERMANY 4</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>FRED SOBERY</i>	
13b. MOTHER'S MAIDEN NAME <i>CAROLINE SCHALLA</i>		14. NAME OF HUSBAND OR WIFE <i>MARIE SOBERY</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>4222</i>	
17. INFORMANT <i>MARIE SOBERY</i>		Address <i>1304 S. 14th ST.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary emphysema</i> DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i> <i>5 weeks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>2</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <i>July 4-8-58</i> , to <i>Aug. 26-58</i> and last saw him alive on <i>8-23-58</i> Death occurred at <i>8-26-58</i> at <i>5:12 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John DeLoe M.D. 0</i>		22b. ADDRESS <i>3739 Gravois</i>	
22c. DATE SIGNED <i>8-28-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	
23b. DATE <i>AUG. 29 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>ST. PETERS CEM.</i>	
23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Co, Mo</i>		24. FUNERAL DIRECTOR <i>Thomas Kutes 2906 Gravois</i>	
24. ADDRESS <i>2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 28 58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>			

5-31-67 7:30 P. M. H. H. H.

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 *Samuel C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2306 ...*

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