

Health,  
& Welfare  
S. Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034722  
STATE FILE NUMBER  
318 Primary Registration District No. 1003 Registrar's No. 8783

XC 18648874  
SL 13737  
SEP 22 1958

S. 300  
v. 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 <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Macoupin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N Grand St Louis Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Stanton</u> <u>812 G</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Vet Admin Hospital <u>3.5 INSTITUTION</u> Length of stay in 1b <u>10 Days</u>		d. STREET ADDRESS (If outside, give location) <u>32</u> <u>Route # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Adolf Edward Soens</u>			4. DATE OF DEATH Month Day Year <u>September 9 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/10/95</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during the preceding life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>	11. BIRTHPLACE (City and state or country) <u>Kangley, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Soens</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Adam</u>
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>345-07-0233</u>
17. INFORMANT Address <u>VA Hosp Records 915 N Grand St Louis, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <u>Urinary extravasation with peritonitis</u> IMMEDIATE CAUSE (a) <u>Carcinoma of bladder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>1810A</u> DUE TO (c) <u>1810A</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary TBC inactive - Emphysema, obstruction</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>		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.)		
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. attended the deceased from <u>8/29/58</u> to <u>9/9/58</u> and last saw <input checked="" type="checkbox"/> him alive on <u>9/9/58</u> Death occurred at <u>4:25 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edwin E. Carter H.D.</u>		22c. DATE SIGNED <u>9/9/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cem</u>
23d. LOCATION (City, town, or county) <u>Livingston Illinois</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Huntman-Fritz Staunton, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 1 1 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith No 286</u>

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 *Robert A. Nitz* .....  
*Illinois*  
Licensed Embalmer No. *9805* .....  
P. O. Address *Stamton Ill* .....

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.