

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046346

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12058

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		d. STREET ADDRESS (If outside, give location) 5473 Ruskin Ave.	
3. NAME OF DECEASED (Type or print) Sarah Ellen Soule		4. DATE OF DEATH 12 14 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Paul, Ark.
13a. FATHER'S NAME Daniel Bayley		13b. MOTHER'S MAIDEN NAME Lydia Ward	14. NAME OF HUSBAND OR WIFE George Soule
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Henry Matuschek, 5473 Ruskin
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>Cerebral Thrombotic</i> arteriosclerotic heart disease with hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>60 years</i>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>12/9/40</i> to <i>12/14/58</i> and last saw ^{her} _{him} alive on <i>12/14/58</i> . Death occurred at _____ I P _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugo F. Bergman M.D.</i>		22b. ADDRESS <i>3720 Washington</i>	
22c. DATE SIGNED <i>12/12/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE <i>12/17/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>
		23d. LOCATION (City, town, or county) <i>Carbondale</i>	(State) <i>Ills.</i>
24. FUNERAL DIRECTOR <i>Drehmann-Harral, 1905 Union Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 15 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, laborer, etc.: Most use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

Dr. Henry F. Bergman
3720 Washington
Je 3-6204
Hrs. 8:30-9:30 & 2-3
Mon. & Tues.

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 *Albert R. Thompson*

Licensed Embalmer No. *4257*
P. O. Address *St. Louis*

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.