

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003524

STATE FILE NUMBER 974
2

FILED FEB 10 1959

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

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| 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 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3130 Geyer | | Length of stay in lb | d. STREET ADDRESS 3130 Geyer (If outside, give location) |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---------------------------|---|--|---|--------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN T. SORAGHAN | | | 4. DATE OF DEATH Month Day Year 1/26/59 | | |
| 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 7/21/1905 | 9. AGE (In years last birthday) 53 yrs. | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer | | 10b. KIND OF BUSINESS OR INDUSTRY St. Lo. Pol. Dept. | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Soraghan | | 13b. MOTHER'S MAIDEN NAME Molly Dunn | | 14. NAME OF HUSBAND OR WIFE Dorothy E. Working | |
| 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. None | 17. INFORMANT Address Dorothy E. Soraghan 3130 Geyer Ave. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 12h. |
| (b) Conditions, if any, which gave rise to above cause (c), starting the week ending last. DUE TO (b) Anterior chronic heart disease (c) DUE TO (c) 420.0 | | 18h. |
| 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"/> |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. I attended the deceased from Dec '48 to Jan '59 and last saw her alive on 12/26/58
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Albert M. Repetto</u> (Degree or title) | 22b. ADDRESS <u>405 University Christian</u> | 22c. DATE SIGNED <u>1/28/59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/29/59 | 23c. NAME OF CEMETERY OR CREMATORY Calvary | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette Ave. | 25. DATE RECD. BY LOCAL REG. JAN 28 '59 | 26. REGISTRAR'S SIGNATURE <u>Harold Smith M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Thomas R. Lemwick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.