

JUL 12 1939 **791**
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **FOUR WEEKS**
In this community **FOUR WEEKS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **NEW YORK** (b) County _____
(c) City or town **NEW YORK** **1 NR**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Allan Sothoron**
(b) If veteran, name war **Unknown** (c) Social Security No. **unk**
4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife **DOROTHY** 6. (c) Age of husband or wife if alive **unk** years
7. Birth date of deceased **APRIL 27, 1893**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **17** -
year **1939** hour **10 30** minutes **P.** M.
21. I hereby certify that I attended the deceased from **May 25**, 19**39**, to **June 17**, 19**39**;
that I last saw him alive on **June 17**, 19**39**;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 **1** **20** hr. min.

Immediate cause of death
Acute Hepatitis caused by chronic alcoholism
Due to _____
Due to _____

9. Birthplace **BRADFORD OHIO**
(City, town, or county) (State or foreign country)
10. Usual occupation **RETIRED BASE BALL MANAGER**

Other conditions (Include pregnancy within 3 months of death)
75

11. Industry or business _____
12. Name **DONT KNOW SOTHORON** **9**
13. Birthplace **DONT KNOW** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **DONT KNOW**
15. Birthplace **KNOW**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **M. Nieman**
(b) Address **3840 Lindell Blvd**
17. (a) **BURIAL** (b) Date thereof **6-18-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **NEW YORK CITY**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (b) Means of injury _____

18. (a) Signature of funeral director **Arthur J. Adornelli**
(b) Address **3840 Lindell Blvd**
19. (a) **JUN 18 1939** (Date received local registrar)
J. D. Brubaker (Registrar's signature)

23. Signature **Robert Thylau** (M. D. or other)
Address **3901 Park** Date signed **6-15-39**