

NOV 16 1940 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8235

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:
3734 Michigan
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20
(Specify whether)
 In this community Life
years, months or days

8. (a) PRINT FULL NAME Henry C. Sorber

8. (b) If veteran, name war ---- 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lisette 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 3, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	6	29	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business 9

MOTHER FATHER { 12. Name Rudolph Sorber

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss L. C. Sorber

(b) Address 3734 Michigan

17. (a) Cremation (b) Date thereof 10/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wacker - Helander

(b) Address 2331 S. Broadway

19. (a) OCT 3 1940 (b) J. J. Braddock
(Date received in the office) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3734 Michigan
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
 year 1940 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-25 to 10-1, 1940
 that I last saw him alive on 9-30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 hrs

Due to Arterio Sclerosis?

Due to Hypertension?

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature W. M. Clever (M. D. or other) 10/3/40
 Address 4356 Marine Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address

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 this body is not embalmed, above space should be left blank.