S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13374

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4202

1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3507 St. Louis Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 10

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1

(d) Street No. 3507 St. Louis ave (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME Anna SOROKWACH

3. (b) If veteran, name war

3. (c) Social Security No. -----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tiodor Sorokwach

6. (c) Age of husband or wife if alive about 60 years

7. Birth date of deceased April (Month) 23 (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) Poland (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Tiodor Sorokwach

(b) Address 3507 St Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation MT. Hope Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass Ave

19. (a) MAY 6 1944 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1944 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Mar 7, 1944, to May 4, 1944 that I last saw her alive on May 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with dilatation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Syphilis, senility Diabetes, Cirrhosis of liver with ascites

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? No (e) Means of injury

23. Signature C H Kilker (M. D. or other)

Address 3121 N Grand Date signed 5/5/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575

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, fact should be so stated above.