No. 300
10.46

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

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21453
Registrar's No. 5493

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2289
d. STREET ADDRESS 28 (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle)
c. (Last) SOERENSEN

4. DATE OF DEATH (Month) JUNE (Day) 15 (Year) 1951

5. SEX male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH

9. AGE (In years last birthday) ab. 65 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Unk 9

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unk

13b. MOTHER'S MAIDEN NAME Unk

14. NAME OF HUSBAND OR WIFE — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Sgt. K. P. McGuire
ADDRESS 4136 Fairview Av.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? H. 1

22. *I hereby certify that I attended the deceased from* 6-2-51, *19*____, *to* 6-15-51, *19*____, *that I last saw the deceased alive on* 6-15-51, *19*____, *and that death occurred at* 11:15 *A.M., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Dunshee MD (Degree or title) 0

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 6-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-18-51

24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.

24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. JUN 18 1951

REGISTRAR'S SIGNATURE J B Lanter

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home
ADDRESS 6322 S. Grand Blvd.

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed David Van Fossen

Licensed Embalmer No. 4282

P. O. Address 632 So Hum

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.