

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1953

318

1003

State File No.

Registrar's No. 0253

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 0253	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 725 S. Skinker			
3. NAME OF DECEASED (Type or Print) IRVING		a. (First) _____		b. (Middle) L.		c. (Last) SORGER	
4. DATE OF DEATH (Month) (Day) (Year) 1 9 1953		5. SEX 0 male		6. COLOR OR RACE w.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH May 1, 1892		9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen'l Mgr. & Director Women Specialty Shop		11. BIRTHPLACE (State or foreign country) Austria	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Meyer Sorger		13b. MOTHER'S MAIDEN NAME Anna Schleiner		14. NAME OF HUSBAND OR WIFE Elsie Sorger (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-01-9297		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. David Sorger, Newark N.J.			
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) Coronary Thrombosis & Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolus to aorta				INTERVAL BETWEEN ONSET AND DEATH 7 days 9 years 2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Nov. 1947, to Jan. 9, 1953, that I last saw the deceased alive on 1/9, 1953, and that death occurred at 2:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. M. E. Strauss		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 1/10/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/12/53		24c. NAME OF CEMETERY OR CREMATORY Warrensville		24d. LOCATION (City, town, or county) (State) Cleveland Ohio	
DATE REC'D BY LOCAL REG. JAN 10 1953		REGISTRAR'S SIGNATURE G. Earl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Mayer 4356 Lindell Blvd			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Henneke
Licensed Embalmer No. *41990*
P. O. Address *St. Louis*

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.