

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25262

318

1003

Registrar's No. 6725

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>41-yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>19 221 North Grand Blvd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis University</u> | | | | d. STREET ADDRESS (If rural, give location) <u>19 221 North Grand Blvd.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J.</u> c. (Last) <u>Sork, S.J.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1954</u> | | | | |
| 5. SEX <u>M.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u> | | 8. DATE OF BIRTH <u>Jan. 25, 1878</u> | |
| 9. AGE (in years) last birthday <u>76</u> | | 10. AGE (in years) at death <u>5</u> | | 11. AGE (in years) at death <u>25</u> | | 12. AGE (in years) at death <u>25</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dinning Room Ass't.</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Utica, N.Y.</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) / <u>Utica, N.Y.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>John Sork</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 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) <u>no</u> | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Reverend Valentine Roche, 221 N. Grand Blvd.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion of coronary artery</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>Uncertain</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES Nontoxic conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ | | | |
| 19a. DATE OF EXAMINATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) <u>4200</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>July 19, 1954</u> , to <u>July 19, 1954</u> , that I last saw the deceased alive on (<u>See below</u>) <u>19</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>G. O. Broun, M.D.</u> | | | | 23b. ADDRESS <u>G. O. Broun, M.D. 1325 South Grand Boulevard</u> | | 23c. DATE SIGNED <u>7/20/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 22, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus Seminary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUL 21 1954</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>W. J. Donnelly</u> | | ADDRESS <u>384 Linn St. Blvd.</u> | |

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

t. expired before my removal. This certificate signed with Coroner's permission.

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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3840 Linder

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

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