

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44023

State File No. _____
Registrar's No. **11732**

FILED JAN 18 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 township) OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (In this place) 4 Mo.	c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital.		e. STREET ADDRESS (If rural, give location) 1012 Bittner St	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Charles c. (Last) Sorber			4. DATE OF DEATH (Month) (Day) (Year) 12-23-54		
5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jun. 29 1876		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veteran		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Herman Sorber		13b. MOTHER'S MAIDEN NAME Wilhelmin Leitzenring		14. NAME OF HUSBAND OR WIFE Maude Sorber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give date of service) None		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Soeber	
				ADDRESS 1012 Bittner	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular damage (acute) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from August 24, 1954, to December 23, 1954, that I last saw the deceased alive on December 23, 1954, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE Palma Prusina Bowditch M.D. (Degree or title)		23b. ADDRESS 5800 Arsenal St		23c. DATE SIGNED 12-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-54		24c. NAME OF CEMETERY OR CREMATORY Lake Charles	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REG. DEC 27 1954		REGISTRAR'S SIGNATURE John Stygar		25. FUNERAL DIRECTOR'S SIGNATURE John Stygar	
				ADDRESS 2nd SON FUNERAL HOME Riverview Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed.....
J. M. Paster

Licensed Embalmer No. *3980*

P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.