

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 4251 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KIMMSWICK</b>	c. LENGTH OF STAY (In this place) <b>5 YRS</b>	c. CITY OR TOWN <b>KIMMSWICK</b>	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		e. STREET ADDRESS (If rural, give location) <b>0500</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTILIA</b> b. (Middle) <b>A.</b> c. (Last) <b>SORG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 10, 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 12 1882</b>	9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>OTTO KRAUSE</b>	13b. MOTHER'S MAIDEN NAME <b>JOHANNA BUESCHER</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE F. SORG</b>
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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 <b>GEORGE F. SORG KIMMSWICK MO</b>		ADDRESS <b>MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b>Arterio sclerosis</b>			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"/>
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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) <b>Kimmswick Jefferson MO</b>
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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?
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22. I hereby certify that I attended the deceased from Sept 1945 to 7/10, 1955, that I last saw the deceased alive on 2/9/55, 1955, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <b>O Reich MD</b>	(Degree or title)	23b. ADDRESS <b>Imperial MO</b>	23c. DATE SIGNED <b>7/11/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB 12 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. TRINITY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>
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DATE REC'D BY LOCAL REG. <b>Feb 12-55</b>	REGISTRAR'S SIGNATURE <b>Ruth Jarvis</b>	438	25. FUNERAL DIRECTOR'S SIGNATURE <b>HELLIGTAG FUNERAL HOME IMPERIAL MO</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
FEB 15 1955

YS MAR 18 1960

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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 *Elmer Helistag*

Licensed Embalmer No. *352*

P. O. Address *Imperial*

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.