

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17022

State File No. ....

318

1003

4233

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

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.   |  | b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |  | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN St. Louis  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. John's Hospital   |  | d. Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |
| e. STREET ADDRESS (If rural, give location)<br>12 5305 Delmar Blvd. 2129   |  | 3. NAME OF DECEASED (Type or Print)<br>a. (First) ALMA<br>b. (Middle) D.<br>c. (Last) SOURS   |  |  |  |
| 4. DATE OF DEATH<br>May 11 1955  |  | 5. SEX<br>Female  |  | 6. COLOR OR RACE<br>White  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |  | 8. DATE OF BIRTH<br>Oct. 9, 1899  |  | 9. AGE (in years last birthday) 55<br>IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housework   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Philadelphia                               |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  | 13a. FATHER'S NAME<br>John McClasky   |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown Whalen  |  |
| 14. NAME OF HUSBAND OR WIFE<br>Edwin W. Sours  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |  | 16. SOCIAL SECURITY NO.<br>None  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Edwin W. Sours  |  | ADDRESS<br>5305 Delmar Blvd.  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laennec's Cirrhosis liver</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>Probably several yrs.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |
| 19a. DATE OF OPERATION<br>None   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>              |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>No   |  | 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<br>5811  |  |
| 22. I hereby certify that I attended the deceased from <u>5-5</u> , 19 <u>55</u> , to <u>5-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>55</u> , and that death occurred at <u>7:45 P</u> m., from the causes and on the date stated above. |  |   |  |  |  |
| 23a. SIGNATURE<br><u>John J. Hammond M.D.</u>  |  | (Degree or title) 23b. ADDRESS<br><u>634 N. Grand.</u>  |  | 23c. DATE SIGNED<br><u>5/12/55</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>May 13, 1955   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery   |  |
| 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.  |  | DATE REC'D BY LOCAL REG.<br>MAY 12 1955   |  |  |  |
| REGISTRAR'S SIGNATURE<br><u>J. Earl Smith, M.D.</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Kriegshausen 4228 S. Kingshighway Bl.</u>  |  |  |  |

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

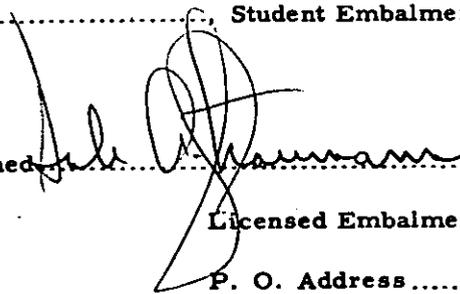
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**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No. 453.....

P. O. Address .....

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.