Health, Welfare Public Service

300 -57 D

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012332
STATE FILE NUMBER 2567

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Faith Hospital Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison
c. CITY OR TOWN Hartford Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 32 114 Date Street., (If outside, give location) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Frank Middle McKinley Last Sorgea

4. DATE OF DEATH Month February Day 28 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 10, 1896
9. AGE (In years last birthday) 61
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stillman
10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.
11. BIRTHPLACE (City and state or country) East St. Louis, Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Sorgea
13b. MOTHER'S MAIDEN NAME Angeline Johnson
14. NAME OF HUSBAND OR WIFE Elizabeth Sorgea

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. 341-19-8714
17. INFORMANT Elizabeth Sorgea, Hartford, Illinois. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ac. cardiac dilatation
DUE TO (b) b.p. hypertension
DUE TO (c) hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

(a) Ac. cardiac Dilatation
(b) B.P. Hyper.
(c) Hypertension 443 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-27-58, to 2-28 and last saw him alive on 2-28
Death occurred at 1P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Otto J. Wilhelm (Degree or title) MD
22b. ADDRESS 607 No. Grand
22c. DATE SIGNED 3/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-4-58
23c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery
23d. LOCATION (City, town, or county) (State) Alton, Illinois.

24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home, Alton, Illinois.
25. DATE RECD. BY LOCAL REG. MAR 3 58
26. REGISTRAR'S SIGNATURE Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed ..... Not Embalmed Lawrence G. Meyer

Signature of Student Embalmer

Licensed Embalmer No. .....

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.