Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031395
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2262

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Dell Wood — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9833 Dennis Dr. — Length of stay in 1b 5 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Dell Wood 4000 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 9833 Dennis Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Peter Middle Maas Last Sorensen
4. DATE OF DEATH Month 8 Day 28 Year 58
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 11/4/72
9. AGE (In years last birthday) 85 — 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) ~~Retired~~ Construction
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (City and state or country) Denmark 4
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hans Peter Sorensen
13b. MOTHER'S MAIDEN NAME Johanna Christionson
14. NAME OF HUSBAND OR WIFE Andrea Funch Sorensen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 293-07-2216
17. INFORMANT Jewel M. Bogus Address 9833 Dennis Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duodenal Ulcer — 3 wks.
DUE TO (c) 5410
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 ☒

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 26 Jul 58, to 28 Jul and last saw her/him alive on 24 Jul 58
Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leonard J. Koppin M.D. (Degree or title) O
22b. ADDRESS 6917 W. Florissant
22c. DATE SIGNED 8/29/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 8/30/58
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR White-Mullen ADDRESS 118 N. Florissant Rd.
25. DATE RECD. BY LOCAL REG. 9/2/58
26. REGISTRAR'S SIGNATURE W. R. Domke, M.D. /Sol.

(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 .....
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Jennings

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.