

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046345
STATE FILE NUMBER
12562
Registrar's No.

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 DOA. Homer Phillips		Length of stay in lb	d. STREET ADDRESS 4117 3633 A. Cozens Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Lee Sorter			4. DATE OF DEATH 12/25/58		
5. SEX Male 2	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/3/1920	9. AGE (In years) 38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Mayfair Inn.	11. BIRTHPLACE (City and state or country) Jerry Co. Ark.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME John Sorter		13b. MOTHER'S MAIDEN NAME ? Dickson		14. NAME OF HUSBAND OR WIFE Inez Sorter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Inez Sorter 3633 A. Cozens Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Fracture dislocation of the cervical spine with transection of the cord; 2. Multiple fractures; suffered when car operated by one James Bills, in which deceased was a passenger, was struck by car operated by one Paul Sweeney, at intersection of Cote Brilliante and Warne Av. about 11:15P.M. Dec. 24, 1958. Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) } DUE TO (c) } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACCIDENT					
19. INTERVAL BETWEEN ONSET AND DEATH			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (see above)		
20c. TIME OF INJURY Hour Month, Day, Year 11:15P.M. 12/24/58					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) 11 Street		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 11:26P.M. m of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John R. Sweeney</i> (Degree, if title)			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/31/58	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Wright Funeral 3100 Easton Ave.			25. DATE RECD. BY LOCAL REG. DEC 29'58		26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300-3
1-57

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

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.