MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 12252

Registered No. 83

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170

Township — Primary Registration District No. 6248H

City Richmond Heights (No. 7725, Wilton Place St. ..... Ward)

2. FULL NAME Karan M. Sorensen

(a) Residence. No. 7725 Wilton Place St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Niels Sorensen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	0	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer At Home

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Denmark

PARENTS

10. NAME OF FATHER Jens Peterson Summelgard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Ole Maria Lauenburg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Denmark

14. INFORMANT Niels Sorensen
(Address) 7725 Wilton Place

15. FILED 3/21/1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to March 19, 1929, that I last saw h. alive on March 19, 1929, and that death occurred, on the date stated above, at 4.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo-Nephrosis
(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. M. Freudenstein, M. D.
March 20, 1929 (Address) 4011 Chouteau Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	March 22 1929
20. UNDERTAKER Kreyenhauer Undt. Co	ADDRESS 4614 Chamberlain

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD