

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170 File No. 24083
 9 Township Primary Registration District No. 62487 Registered No. 147
 7 City Pickens and Heights (No. St. Marys Hook) St. Ward)

2. FULL NAME

Howard Sorenson
 (a) Residence, No. 7222 Sourdawne St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wallace Pencil Co
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
3 1/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER / FATHER 13. NAME Soren Sorenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Cordia Vallance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Cordia Sorenson
7222 Sourdawne Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Vaehalla DATE July 27, 1932

19. UNDERTAKER (ADDRESS) Embustat Field Co
4234 W. McClister Ave

20. FILED 7/26, 1932 W. J. Jensen Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1932

22. I HEREBY CERTIFY that I attended deceased from July 28, 1932, to July 25, 1932.
 I last saw him alive on July 25, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Septic Broncho Pneumonia Date of onset
12:10 A.M. / 12:30 P.M. / 1:00 P.M.
 Other contributory causes of importance:
General Peritonitis -
Cerebral Apoplexy.

Name of operation Drainage of abscess Date of July 27
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? W
 If so, specify
 (Signed) Wm. J. Jensen, M. D.
 (Address) Wm. J. Jensen

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.

REC-92-1932

