

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

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.

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

Do not use this space.

NOV 28 1936

42852

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis,** (No. **City Hospital No. 1**)..... St. .... Ward)

B. **11108**

**2. FULL NAME**

**Charles Sorg**

(a) Residence, No. **3511 North 20th 26** Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 20, 1869**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>67</b>		<b>6</b>	<b>28</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stove Moulder**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Illinois**  
 (STATE OR COUNTRY)

FATHER 13. NAME **Edward Sorg**

14. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Marytiana Welsh**

16. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

17. INFORMANT **Hosp. Info. M. H. Kent**  
 (ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION OR REMOVAL PLACE **Walnut Hill Cemetery** DATE **11/19/36**, 19.....

19. UNDERTAKER **Edward Koch**  
 (ADDRESS) **3516 N. 14th St.**

20. FILE NO. **NOV 17 1936** **J. F. Briedeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/16/36**, 19.....

22. I HEREBY CERTIFY, That I attended deceased from **10/28/36** to **11/16/36**, 19.....  
 I last saw him **11/16/36**, 19..... Death is said to have occurred on the date stated above, at **7:50 p.m.**

The principal cause of death and related causes of importance were as follows:

*Pulmonary tuberculosis*  
 Date of onset

Other contributory causes of importance: **79**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... 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.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....

(Signed) **[Signature]**, M. D.  
 (Address) **City Hospital No. 1**

