

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Joseph H. Sorden, Jr.

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 5 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 9 3 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Joseph H. Sorden
13. Birthplace Marion Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth E. Wear
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Sorden
(b) Address 1914 N. 14th St.

17. (a) Burial (b) Date thereof 5-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 10 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1914 N. 14th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 5 minutes 30 a. M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: External hemorrhage from
bullet wound of the head, inflicted while
in the hands of Police Officer
James Mossbacher in the performance
of his duties as police officer
when the deceased was fleeing from
the custody of Police Officer
under conditions which include pregnancy within months of death
the custody of police officer after
Major findings: Corded fallowm Hattory, Rape
On a woman Mrs. James. Under
finger down at feet home at the office
of autopsy. Shot of 17340 Double A, Wm. Smith
May 8 1946 Double A, Wm. Smith
Physician

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 8 1946
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury An arrow

23. Signature Patrick E. Daylan (D. or Other)
Address St. Louis Mo Date signed 5/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.