S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No.

Registrar's No. 1828

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks 23, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution Since 8-7-47 (Specify whether
In this community 49 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1-10
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2941 2740 Lafayette Avenue (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SORENSEN, Hans K.
3. (b) If veteran, name war World I
3. (c) Social Security No. ~~Unknown~~ 490-12-8378
4. Sex male 0
5. Color or race white
6. (a) ~~Single, widowed, married,~~ DIVORCED divorced ~~married~~ Single - divorced
6. (b) Name of husband or wife ~~Jennie~~
6. (c) Age of husband or wife if alive ~~43~~ years
7. Birth date of deceased 11-1-97 (Month) (Day) (Year)

8. AGE: Years 49 | Months 9 | Days 21 | If less than one day ..... hr. ..... min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Bartender
11. Industry or business
FATHER
12. Name Neils Sorensen 4
13. Birthplace Denmark (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Karen Perterson
15. Birthplace Denmark (City, town, or county) (State or foreign country) 4
16. (a) Informant Registrar, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jefferson Barracks
18. (a) Signature of funeral director Weidemueller Fun. Home
(b) Address St. Louis, Missouri
19. (a) 8-26-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1947 hour 8:18 minute A M.
21. I hereby certify that I attended the deceased from 8-7-47, 19..., to August 22, 1947; that I last saw him alive on August 22, 1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death CIRRHOSIS (PORTAL)
BRONCHO-PNEUMONIA
Due to CHRONIC PASSIVE CONCESTION WITH MASSIVE ACITES.
Due to 1246
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No Operation
Of autopsy Autopsy performed (See Cause of Death)

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. E. Stilwell (M. D. ~~or other~~)
Address L. E. STILWELL, M.D. VAH, Jeff. Brks., Mo. Date signed 8-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 29 1947

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 St. Louis

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.