

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33351**
Registrar's No. **1989**

Registration District No. **377** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Berdel Hills**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7528 Stanwood Drive /
(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 **Ingrid Sorflaten**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Gilbert** **6. (c) Age of husband or wife if alive** **80** years
7. Birth date of deceased **August 20 1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months **1** Days **0** If less than one day hr. min.

9. Birthplace **Norway** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Self**

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Chester G. Sorflaten**

(b) Address **5260 Washington Blvd.**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **9/22/47** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Proant Und. Co.**

(b) Address **3710 N. Grand Blvd.**

19. (a) 9-23-47 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Berdel Hills**
(If outside city or town limits, write "RURAL")
(d) Street No. **7528 Stanwood Drive**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20** year **1947** hour **2** minute **00** A. M.
21. I hereby certify that I attended the deceased from **9-18-47** to **9-20-47** that I last saw her alive on **9-20-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **Instant**
Due to **Myocardial Stearosis** **2.**
Due to **Rheumatic Heart Disease** **2.**
Other conditions **arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to 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 **none**
(c) Where did injury occur? **none** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**
While at work? **no** (Specify type of place) (c) Means of injury **none**
23. Signature **[Signature]** (M. D. or other) **MLC**
Address **112-4 Natural Bridge** Date signed **9-22-47**

(Licensed Embalmer's Statement on Reverse Side)

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

W. Steadley
7/24/1903
1503

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 Albert Mayfield
Licensed Embalmer No. 3077

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.