

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35350
8821
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2209					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1628 Glasgow Ave.					
3. NAME OF DECEASED (Type or Print) Louvenia Sourles			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1950			
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 27, 1894			
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 18		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 2			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME James Payne		13b. MOTHER'S MAIDEN NAME Mildred		14. NAME OF HUSBAND OR WIFE William Sourles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. C. Huggins 8712 Darling - Brentwood					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis						INTERVAL BETWEEN ONSET AND DEATH Undet.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined									
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? lewd					
22. I hereby certify that I attended the deceased from 8-9-19 50, to 10-15-19 50, that I last saw the deceased alive on 10-15-19 50, and that death occurred at 4:15p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm. L. Huggins M. D. 2				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 10-17-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 71		24b. DATE Oct. 18, 1950		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. OCT 18 1950		REGISTRAR'S SIGNATURE J. B. Barster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Escher N. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.