

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37610

State File No. 9911

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <i>SOUTH KINLOCH</i>		c. LENGTH OF STAY (in this place) <i>1090</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>SOUTH KINLOCH</i>		d. STREET ADDRESS (If rural, give location) <i>1114 WINTON ST.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>PEOPLES HOSPITAL</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>REESE</i>		b. (Middle)		c. (Last) <i>SORRELLS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>10 15 53</i>	
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>NEGRO</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>NOV 12. 1905</i>	
9. AGE (In years last birthday) <i>47</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TAILOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>TAILORING</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>MISS</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>		13a. FATHER'S NAME <i>J. D. SORRELLS</i>		13b. MOTHER'S MAIDEN NAME <i>DORTHA MOBLEY</i>		14. NAME OF HUSBAND OR WIFE <i>KATHRINE SORRELLS</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>494-07-8288</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>KATHRINE SORRELLS 1114 WINTON ST. KINLOCH</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage &amp; Azotemia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Cerebrovascular disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>26 days</i>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>334X</i>			
22. I hereby certify that I attended the deceased from <i>9-25-53</i> , to <i>10-15-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10-15-53</i> , 19 <i>53</i> , and that death occurred at <i>8:30 Pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. J. Smith M.D.</i>		23b. ADDRESS <i>11 N Jefferson</i>		23c. DATE SIGNED <i>10-16-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>10 19 53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON PARK CEMETRY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO</i>	
DATE RECEIVED LOCAL REG. <i>OCT 17 1953</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>BOYD BROS FUNERAL HOME SOUTH KINLOCH</i>			

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edward G Flynn.....

Licensed Embalmer No. 4444.....

P. O. Address 4548 PAGE AVE.....

**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.