

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003 State File No. 45558
Registrar's No. 12271

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis 200</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2743 Cass St</u>				e. STREET ADDRESS (If rural, give location) <u>2743 Cass 2209</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Lee</u>			c. (Last) <u>SORUGGS</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 53</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1895</u>			
9. AGE (In years, last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ky 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WIK</u>			13b. MOTHER'S MAIDEN NAME <u>WIK</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>WIK</u>			16. SOCIAL SECURITY NO. <u>WIK</u>			17. INFORMANT'S SIGNATURE OR NAME <u>W. M. A.</u>			ADDRESS <u>1300 Clark</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Atherosclerosis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>W. M. A.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____ <u>4201</u>							
22. I hereby certify that I attended the deceased from <u>1953 to</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1300 Clark</u> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>W. M. A.</u>				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>12/19/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Rawland</u>			ADDRESS <u>4104 Manchester</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 24 1955

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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