

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016479
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4252

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4800 W Florissant		Length of stay in lb 10 yrs	d. STREET (If outside, give location) ADDRESS 4800 W. Florissant Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LEONARD SORG			4. DATE OF DEATH Month Day Year April 18, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63	11. BIRTHPLACE (City and state or country) Joliet, Ill.
13a. FATHER'S NAME Christian Sorg		13b. MOTHER'S MAIDEN NAME Sadie Laurie	14. NAME OF HUSBAND OR WIFE Lavona Sorg	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Lavona Sorg 4800 W. Florissant	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis + Hypertensive cardiovascular disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Generalized arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive disease			

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Bourbon, Missouri	STATE
21. I attended the deceased from 6 AM on 4/18/58 to 4/18/58 and last saw him alive on 4/16/58 . Death occurred on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE D. B. Meyer M.D.		22b. ADDRESS 634 N. Grand Blvd.	22c. DATE SIGNED 4/18/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Apr 21 1958	23c. NAME OF CEMETERY OR CREMATORY Bourbon Cemetery	23d. LOCATION (City, town, or county) (State) Bourbon, Missouri	
24. FUNERAL DIRECTOR Bromschiug and Son/W Florissant		ADDRESS #746	25. DATE RECD. BY LOCAL REG. APR 18 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MD

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Etienne R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.