N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Do not use this space.

42571

File No.

Registered No. 11078

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 6562 Scanlon Ave. St. Ward)

2. FULL NAME Lena Sondag

(a) Residence, No. 6562 Scanlon Ave. St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Michael Sondag

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7, 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Frederick Gruen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown Snyder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Michael Sondag
(ADDRESS) 6562 Scanlon Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity DATE 11- , 19 36

19. UNDERTAKER: Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway Blvd.

20. FILED NOV 5 1936, 19 J. F. Bielick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 19 36, to Nov 6, 19 36

I last saw h. alive on 11-6-36, 19 36 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chr. myocarditis	

Other contributory causes of importance: 9/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dwight M. Tuggy, M. D.

(Address) 1215 Mo. Chester Bldg

Dr. McIntyre
Mo. Bldg.
4-6