. S. No. 2
—11-10-39

FILED MAY 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13514

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3716

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5109 Maple Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5109 Maple Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 51yrs. years.

3. (a) PRINT FULL NAME Laura Sonnenschein 552

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Sonnenschein

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March (Month) 22 (Day) 1866 (Year)

8. AGE: Years 74 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Budapest (City, town, or county) Hungary (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Jacob Weiss
13. Birthplace Budapest (City, town, or county) Hungary (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Budapest (City, town, or county) Hungary (State or foreign country)

16. (a) Informant Mrs. Jos. Glaser
(b) Address 529 Midvale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Kirchberg
(b) Address 5216 Delmar Blvd.

19. (a) APR 24 1940 (Date received local registrar) (b) J. F. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1940 hour 3 ~~minute~~ P. M.

21. I hereby certify that I attended the deceased from Feb 1 1940 to Apr 24 1940
that I last saw her alive on Apr 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Left Tonsil	7 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Elliott Eisenman (M. D. or ~~other~~)
Address 3924 Pershing Date signed 4/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.