

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1009

State File No.

FILED FEB 18 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

758

1. PLACE OF DEATH: St. Louis, Mo.
(a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 days (Specify whether years, months or days) 73 yrs.

3. (a) PRINT FULL NAME Fred Sondermann
(b) If veteran, Spanish American name was World War #1 (c) Social Security No. None

4. Sex Male (5. Color or race White) 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Nil years
7. Birth date of deceased March 6 1870 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 19 hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Soldier (30 yrs.) Retired

11. Industry or business U. S. Army

MOTHER FATHER { 12. Name Fred Sondermann
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown GERMANY
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Graubner

(b) Address 1412a Bremen

17. (a) Burial (b) Date thereof 1-27-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) JAN 25 1944 (b) J. P. Brudeck (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 003 17
(a) State Missouri (b) County
(c) City or town St. Louis 2 96 (If outside city or town limits, write "RURAL")
(d) Street No. 1412a Bremen Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 24th, year 1944 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from December 25th 1943 to January 24th 1944

that I last saw him alive on January 24th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vascular Accident

Direct Cause of death Obstructive Urinary Retention

Due to Myocardial Infarction 1

Other conditions 83 2

(Include pregnancy within 3 months of death)

Major findings Of operations Suprapubic Liposuction

Of autopsy None

Duration

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) None

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. J. Verda (M. D. or other)

Address 1515 Lafayette Date signed 1/24/44

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..... *Alfred J. Brodeur*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha*

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.