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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16777

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4932

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Affton Louis (If outside city or town limits, write "RURAL")

(d) Street No. 9049 Rosemary Ave. (If rural, give location) N.R.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Barbara Dorothy Sonntag

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 25 (Day) 1944 (Year)

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

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Albert H. Sonntag
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bernice Auer
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Albert H. Sonntag

(b) Address 9049 Rosemary Ave. Affton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gibbons Sons

(b) Address 2630 Gravois Ave.

19. (a) MAY 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 27, day year 1944 hour 4 30 minute P M.

21. I hereby certify that I attended the deceased from May 25, 1944 to May 27, 1944 that I last saw her alive on May 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Purpura 2 da

Due to Prematurity 36 Wks

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

159

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 George A. Villeman (M. D. or other) Supt.

Address 421 W. Schumer Date signed 5/29/44

(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 Robert F. Gelsker

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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

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