

No. 2  
1-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20296  
5577

State File No.

Registrar's No.

FILED JUN 30 1944 18

1003

Registration District No.

Primary Registration District No.

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:  
3730 South Broadway.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3730 South Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Sondag

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 Widowed

6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Dec. 29 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business Bernhardt Scheben

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace France  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louisa Good  
(b) Address 3730 South Broadway

17. (a) Burial (b) Date thereof June 21, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker Helderle  
(b) Address 3634 Gravois Ave.

19. (a) JUN 20 1944 (b) J. J. Bradech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 4th.  
\_\_\_\_\_, 1944, to June 17th., 1944;  
that I last saw her alive on June 17th., 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Duration 2 days

Due to Hypertension, Arteriosclerosis Of long Standing

Due to Cardiac insufficiency

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) 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 C. W. J. Bradech (M. D. or other) \_\_\_\_\_  
Address 2278 S. Jefferson Date signed 6-19-44

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

**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..... *Frank J. Hyland* .....

Licensed Embalmer No. *9675* .....

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