

No. 2
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X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33251

FILED NOV 10 1945
42

Registration District No. 42

Primary Registration District No. 1000

State File No.

Registrar's No.

1185

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
809 Albermarle Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 51 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Albermarle Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Otto Sontheimer

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 491-09-5797

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Sontheimer 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 29 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>3</u>	hr. min.

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

10. Usual occupation Candy Maker

11. Industry or business Douglas Candy Factory

12. Name Rhinehart Sontheimer

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Zumwalt

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Sontheimer

(b) Address 809 Albermarle St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/5/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Auburn Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Farson St., St. Joseph, Missouri

19. (a) Nov. 7, 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd. year 1945 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 2nd 1945 to 19 to

that I last saw him alive on 19 and that death occurred on the date and hour stated above.
Immediate cause of death Suicide by fire ar ms Duration

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) Suicide
(b) Date of occurrence Nov 2nd 1945
(c) Where did injury occur? St. Joseph Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? - No (Specify type of place) (e) Means of injury Gun
23. Signature B. W. Tadlock 2. Coroner (M. D. or other)
Address King Hill Bldg Date signed 11/5/45

1428 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1945

NOV 19 1945

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..... *Albert R. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

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.