S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

6343

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1673

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. Lukes Hospital (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 St. Louis (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 339 No. Taylor Ave., (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country 12

3. (a) PRINT FULL NAME CLAYTON LEE SONEN.
3. (b) If veteran, name war no
3. (c) Social Security No. 351-01-8382
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ida Sonen.
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased May (Month) 4 (Day) 1880 (Year)

8. AGE: — Years 65 Months 9 Days 11 If less than one day hr. min.

9. Birthplace West Leesport, (City, town, or county) Penn. (State or foreign country) 1
10. Usual occupation Industral Engineer.
11. Industry or business
FATHER
12. Name John F. Sonen.
13. Birthplace Bern County, (City, town, or county) Penn. (State or foreign country) 1
MOTHER
14. Maiden name Emma Binkley.
15. Birthplace Bern County, (City, town, or county) Penn. (State or foreign country) 1
16. (a) Informant Mrs. Bessie A. Mason.
(b) Address Avalon Hotel. 339N. Taylor, Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) FEB 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1946 hour 3:05 minute A. M.
21. I hereby certify that I attended the deceased from Feb Aug 2, 1941 to Feb 14, 1946 that I last saw him alive on Feb. 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure
Due to Toxic myocarditis
Due to Appendiceal abscess post operative
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 121.2
Of autopsy

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)
(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) 0
While at work? (e) Means of injury

23. Signature L. R. Beasley (M.D. or other) M.D.
Address 3903 Olive St. Date signed 2-15-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Beasley.
3903 Olive St.
JE 5600
9 to 12

1674

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.