

S. No. 2
DM-5-43
v. 5-17-39
I X36671

#52544
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7964

FILED FEB 20 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1280

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

(b) City or town..... St. Louis, Missouri

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial

(d) Length of stay: In hospital or institution..... 42 years

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri

(b) County.....

(c) City or town..... St. Louis

(d) Street No..... 5916 Washington

(e) Citizen of foreign country? Citizen

3. (a) PRINT FULL NAME..... DAVID SONENCHEIN

3. (b) If veteran, name war..... No

3. (c) Social Security No..... 494-28-9745

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th

year 1946 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from 1/5/46

to 2/6/46

that I last saw him alive on 2/6/46

and that death occurred on the date and hour stated above.

4. Sex Male White

5. Color or race White

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

6. (b) Name of husband or wife Sadie Shanfeld Sonenchein

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

7. Birth date of deceased August 6 1885

(Month) (Day) (Year)

Immediate cause of death

Myocardial Infarct

Due to Arterio sclerotic Heart Disease

Other conditions.....

Major findings:
Of operations.....

Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	60	6	0hr.min.

9. Birthplace Kovlo Volhynia Poland

(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk Wholesale Auto Parts

11. Industry or business

12. Name Samuel Hirsh Sonenchein

13. Birthplace Poland

(City, town, or county) (State or foreign country)

14. Maiden name Amalia (unk)

(City, town, or county) (State or foreign country)

15. Birthplace Poland

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Shanfeld

(b) Address 5916 Washington Ave

17. (a) Burial (b) Date thereof 2/7/46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheshed Shel Emeth Berger Memorial

18. (a) Signature of funeral director J. F. Bredesch

(b) Address 4715 McPherson Ave

19. (a) FEB 7 1946 (b) J. F. Bredesch

(Date received local registrar) (Registrar's signature)

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?.....

(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 K. D. Gregory

1515 Lafayette Ave., (M. D. 2/6/46)

Address Date signed

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

MOTHER FATHER

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.....



Licensed Embalmer No. 1597.....

P. O. Address.....

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.