

No. 2  
12-45  
17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6982

FILED MAR 3 1947 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 1827

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 8 mos. 22 ds.  
(Specify whether)

In this community 62 yrs.  
years, months or days

3. (a) PRINT FULL NAME Maria, SONNTAG

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 widow 2

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

7. Birth date of deceased Sept 17 20 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 5 1 1/2 hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frank Huttig 4

13. Birthplace Germany 1  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth 1

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 2/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John N. Gebken Sons

(b) Address 2630 Gravois Ave.

19. (a) FEB 23 1947 (b) J. F. Bradock  
(Date received local Registrar) (Registrar's signature)

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. 2821 Mc Nair Ave  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1947 hour 9.05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb. 15, 19 46, to Feb. 21, 19 47,  
that I last saw h er alive on Feb. 21, 19 47,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Hypertensive Heart Disease 2/15/46x

Due to \_\_\_\_\_

Generalized Arteriosclerosis 2/15/46x

Due to \_\_\_\_\_

Senility.

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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Jack W. Delmar (M. D. or other) \_\_\_\_\_

Address 5400 Arsenal St. Date signed 2/22/47

*mailed*

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**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 T. Gebken*  
Licensed Embalmer No. *4144*  
P. O. Address *2630 Groves*

**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;**