

National Office of Vital Statistics  
**FILED OCT 4 1948**  
Registration District No. 348

Primary Registration District No. 1003

Registrar's 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.....  
3452 Magnolia Av.  
(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..... 1720..... (b) County..... 620  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3452 Magnolia Av.  
16  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Margaret R. Sonnenschein  
3. (b) If veteran, name war..... no.  
3. (c) Social Security No. .... no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28  
year 1947 hour 2 minute 30 p.m.  
21. I hereby certify that I attended the deceased from Sept 18 - 1947 to Sept 23 - 1947  
that I last saw him alive on Sept 23 - 1947  
and that death occurred on the date and hour stated above.

4. Sex..... Female  
5. Color or race..... white  
6. (a) Single, widowed, married, divorced..... married  
6. (b) Name of husband or wife..... Hugo Sonnenschein  
6. (c) Age of husband or wife if alive..... 54 years  
7. Birth date of deceased..... June 23 1896  
(Month) (Day) (Year)

Immediate cause of death..... Coronary Thrombosis of Heart  
Due to..... Chronic Myocarditis  
Duration about 15 weeks

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>3</u>	<u>0</u>	.....hr.....min.

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsies.....

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

10. Usual occupation..... Housewife  
11. Industry or business.....  
12. Name..... Henry Classen  
13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Anna Kleckner  
15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

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)  
While at work..... (e) Means of injury.....

16. (a) Informant..... Hugo Sonnenschein  
(b) Address..... 3452 Magnolia Av.  
17. (a) Burial, cremation, or removal.....  
(b) Date thereof..... 9-26-47  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... New St. Marcus  
18. (a) Signature of funeral director..... Watt Bro. & Co.  
(b) Address..... 2929 S. Jefferson Av.  
19. (Date received by Registrar)..... SEP 25 1947  
(b) Registrar's signature..... J. F. Braden

23. Signature..... J. F. Braden (M. D. or other).....  
Address..... 3608 Charms  
Date signed..... 9/24/47

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

MOTHER FATHER

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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.....

*D M Davis*

Licensed Embalmer No. *374*

P. O. Address *2929 So Jefferson*

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.