

FILED SEP 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7518

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>79</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4920 Gresham</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4920 Gresham Ave., 1</u>				d. STREET ADDRESS (If rural, give location) <u>4920 Gresham</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Sondag</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29. 1949</u>	
5. SEX <u>male</u>		16. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 10 1869</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railway</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Cervais Sondag</u>	
13b. MOTHER'S MAIDEN NAME <u>Dorothy Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Suzanna Sherman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Suzanna Sondag</u>		ADDRESS <u>4920 Gresham</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Branchio-Pneumonia</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchio-Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>Chronic Cardiac Disease</u> <u>Rectal Abscess & Hemorrhoids 1 year</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>102</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>HTX</u>		22. I hereby certify that I attended the deceased from <u>July 20</u> , 1948, to <u>Aug 29</u> , 1949, that I last saw the deceased alive on <u>Aug 29</u> , 1949, and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard G. Kimmel, M.D.</u> (Degree or title)		23b. ADDRESS <u>5146 St. Louis Ave. St. Louis 15 Mo</u>		23c. DATE SIGNED <u>8-29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1st. 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset</u>		24d. LOCATION (City, town, or county) (State) <u>Burial Park St. Louis Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lancaster</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Henry L. Heidemuecker</u>		ADDRESS <u>6203 Gravois Ave.</u>	

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

[Handwritten mark]

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 Me

Student Embalmer No. _____

working under my personal supervision.

Signed Elton H. Remelius

Signed _____
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.