

FILED JUN 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22038

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5399

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 5802 S. Kingshighway	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine		b. (Middle)	
c. (Last) Sonnet		4. DATE OF DEATH (Month) (Day) (Year) 6/29/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 10, 1866
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Louis Sonnet	
13b. MOTHER'S MAIDEN NAME Margaret Germer		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S SIGNATURE OR NAME Mr. L. P. Schaum--		ADDRESS 3116 Providence Pl	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 50 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 690 SW		22. I hereby certify that I attended the deceased from 10:50 p.m. to 11:00 p.m., 1950, that I last saw the deceased alive on 6/23/50, and that death occurred at 10:50 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Patrick B. Taylor, Coroner		23b. ADDRESS 13010 Clark	
23c. DATE SIGNED 6-23-50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 6/23/50		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Wacker - Helderle	
25. ADDRESS 3634 Gravois		DATE REC'D BY LOCAL REG. JUN 20 1950	
REGISTRAR'S SIGNATURE J. G. Sessler		25. ADDRESS 3634 Gravois	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Frank J. O'Sullivan Sr.

Licensed Embalmer No. *2675*

P. O. Address *St. Louis*

Signed.....

Student Embalmer

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.