S. No. 300
v. 10.48

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25298 6717

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1009 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4141 W. PINE BLV

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 19 ST. LOUIS 2199
d. STREET ADDRESS (If rural, give location) 4141 W. PINE BLV.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) GUY ALBERT SONDLES

4. DATE OF DEATH (Month) (Day) (Year) AUG 6 - 1950

5. SEX M. 0
6. COLOR OR RACE W.
7. ~~MARRIED, NEVER MARRIED, WIDOWED,~~ DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH MAY-21-1895
9. AGE (In years last birthday) 55 YRS | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEMNEL SONDLES
13b. MOTHER'S MAIDEN NAME KATHERINE SNOW
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD W. I
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Hazel Moran ADDRESS 4845 A Page

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Coronary Heart
DUE TO (c) Disease; Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1220 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 8-7-50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) BURIAL
24b. DATE AUG 10-50
24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS
24d. LOCATION (City, town, or county) ST LOUIS (State) Mo

DATE REC'D BY LOCAL REG. AUG 7 1950
REGISTRAR'S SIGNATURE J. W. Labater
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur ADDRESS 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1950

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.....

Student Embalmer

Signed Jos. D. Volkmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.