

FILED FEB 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. **44232**
Registrar's No. **10815**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS,	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY #356	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 7070 ARCADIA AVE	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) C.	c. (Last) SONTAG	4. DATE OF DEATH (Month) DEC , (Day) 5 , (Year) 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11/27/1888	9. AGE (In years last birthday) 63	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 100 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER BUSH		11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRISTOPHER SONTAG	13b. MOTHER'S MAIDEN NAME UNKNOWN FREITAG	14. NAME OF HUSBAND OR WIFE MARY SONTAG
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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. # 492-22-0229	17. INFORMANT'S SIGNATURE OR NAME MARY SONTAG	ADDRESS 7070 ARCADIA AVE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Heart Disease DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephrosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **10/23/51**, 19___, to **12/5/51**, 19___, that I last saw the deceased alive on **12/5/51**, 19___, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Edgar Elson	(Degree or title) D. M. D.	23b. ADDRESS 607 N. Grand. St. Louis, Mo.	23c. DATE SIGNED 12/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/7/51	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
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DATE REC'D BY LOCAL REG. DEC 6 1951	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 4600 NATL BRIDGE AV.
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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.....

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. *2077*

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.