

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2184

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Town Clayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 49 Crestwood Dr.</u>		d. STREET ADDRESS (If rural, give location) <u>49 Crestwood Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>	b. (Middle) <u>W.</u>	c. (Last) <u>SONNEMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 52</u>
---	-----------------------	----------------------------	---

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 23, 1872</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Mins. _____
------------------	----------------------------	--	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia, Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	--

13a. FATHER'S NAME <u>Charles H. Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Becker</u>	14. NAME OF HUSBAND OR WIFE <u>Fred J. Sonnemann</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estes W. Askemever</u>	ADDRESS <u>49 Crestwood</u>
---	--	---	--------------------------------

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 <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aged age</u> DUE TO (c) <u>family</u> <u>4222</u>		
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	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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Aug 17, 1952, to Aug 18, 1952, that I last saw the deceased alive on Aug 17, 1952 and that death occurred at 4:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles J. ...</u>	(Degree or title)	23b. ADDRESS <u>563 ...</u>	23c. DATE SIGNED <u>Aug 18</u>
---	-------------------	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	24b. DATE <u>Aug. 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-19-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahoe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, Inc.</u>	ADDRESS <u>6175 Delmar</u>
--	--	---	-------------------------------

(Increased Embalmers' Statement on Reverse Side)

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

002

1

AUG 23 1952

DR. CITAS. ZIMMERLI

1 BLK W. OF N.H.S. - 7:30 P.M.

579 DOWNE

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Geo. E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 617 1/2 Dellmai

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.