

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**37945**

State File No. \_\_\_\_\_

**FILED OCT 26 1953**

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4469</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		<u>0957</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>655 MARKET ST</u>				d. STREET ADDRESS (If rural, give location) <u>655 MARKET ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>SONTAG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 18 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 11 1880</u>	9. AGE (In years last birthday) <u>73</u>	if UNDER 1 YEAR Months Days		if UNDER 2 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STAGE HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ST Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE SONTAG</u>			13b. MOTHER'S MAIDEN NAME <u>MENNE GOVRO</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-05-6891</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Henry Rodenney or Dr. Emanuel Inc</u> ADDRESS _____			
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u></p> <p>ANTECEDENT CAUSES <u>Pericoronary atherosclerosis</u></p> <p><u>Chronic valvular heart disease</u></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) <u>Arteriosclerosis</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____</p>				INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u> <u>3</u> <u>2</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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct 2</u> , 19 <u>53</u> , to <u>Oct 18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>53</u> , and that death occurred at <u>4.9</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>10-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 20 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valle Spring</u>		24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Genevieve Mo</u>	

Jan 27 1954

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

*Adrian J. Ehler*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genevieve*

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.