

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28507

State File No. ....

FILED SEP 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1955</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Shrewsbury,</u> c. LENGTH OF STAY (in this place) <u>29 years</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Shrewsbury,</u> <u>456</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7414 Lansdowne Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>7414 Lansdowne Ave.</u>				
3. NAME OF DECEASED (Type or Print) <u>EMIL</u> a. (First) b. (Middle) <u>P.</u> c. (Last) <u>SONDAG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July, 4, 1898</u>		
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Peter Sondag</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Stoverink</u>			14. NAME OF HUSBAND OR WIFE <u>Helen Sondag-</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>491-16-7332</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Sondag-7414 Lansdowne Ave.</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Esophagus</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u> <u>14 yrs.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>161XA</u>				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 <u>11-10, 1950, to 8-22, 1955</u> , that I last saw the deceased alive on <u>6-30, 1955</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John C. Mueselky M.D.</u>				23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>8-28-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/23/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RIEGSHAUSER</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>				

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *William B. [unclear]* .....

Licensed Embalmer No. *4228*

P. O. Address *4228 [unclear]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.