

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-028820

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                  |  | Length of stay in 1b<br><u>1mo. 12days</u>   | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Chronic Hospital</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>3225 Montgomery</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Christ</u> Middle Last <u>Sonderegger</u> |  |  | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>22</u> Year <u>60</u> |  |  |
|---|--|--|---|--|--|

|                       |                                  |   |                                      |                                     |                                |                              |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-26-1880</u> | 9. AGE (last birthday)<br><u>79</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Unknown</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>Austria</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>Unknown</u> |
|---|-----------------------------------|--|---|

|                                      |  |                             |
|--------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME<br><u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Wilhelmina (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|--|-----------------------------|

|  |   |  |                                     |
|--|---|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>unknown</u> | 16. SOCIAL SECURITY NO.<br><u>unknown</u> | 17. INFORMANT<br><u>Marie Rothwell</u> | Address<br><u>4140 Lindell Blvd</u> |
|--|---|--|-------------------------------------|

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|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute Pulmonary Embolism</u>  |  | <u>stat</u>                      |
| DUE TO (b) <u>466X</u>   |  |                                  |
| DUE TO (c) <u>Bt. Femoral Vein Thrombosis</u>  |  | <u>1 1/2 mo.</u>                 |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerotic Heart Disease - 1 1/2 mo.</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | Month, Day, Year |
|---|------------------|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from <u>6-9-60</u> to <u>7-22-60</u> and last saw her/him alive on <u>7-22-60</u><br>Death occurred at <u>2:05 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>John W. Beckham, M.D.</u> | 22b. ADDRESS<br><u>5800 Arsenal</u> | 22c. DATE SIGNED<br><u>7/25/60</u> |
|--|-------------------------------------|------------------------------------|

|  |                             |   |   |
|--|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>7-26-60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u> |
|--|-----------------------------|---|---|

|   |                                       |  |  |
|---|---------------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><u>Cullen &amp; Kelly</u> | ADDRESS<br><u>7267 Natural Bridge</u> | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 26 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith, M.D.</u><br><u>mgs</u> |
|---|---------------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 4142

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.