

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040663

FILED VS
 INDEXED

NOV 2 1960
 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3001 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BALLWIN</u> | Length of stay in 1b <u>2 YRS.</u> | c. CITY OR TOWN <u>ST. LOUIS</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PINE CREST NURSING HOME</u> | | d. STREET ADDRESS (If outside, give location) <u>4237 OBEAR</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>HARRY SONDKER</u> | | | 4. DATE OF DEATH Month Day Year <u>10-14-60</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-17-1890</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CITY OF ST. LOUIS</u> | 11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>BERNARD SONDKER</u> | | 13b. MOTHER'S MAIDEN NAME <u>LOUISE STUCKENBERG</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</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>UNKNOWN</u> | 17. INFORMANT <u>CHRIST SONDKER</u> Address <u>4221 CLARENCE AVE. ST. LOUIS 15 MO.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio - Atherosclerotic - Cardio - Vascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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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) <u>Fracture Left Femur - 1 mo. old</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>None</u> |
| 20c. TIME OF INJURY 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 |

21. I attended the deceased from March 1959 to 10-14-60 and last saw him alive on 10-4-60
 Death occurred at 8:30 a.m. 10-14-60 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) <u>Allen M. Kearney M.D.</u> | 22b. ADDRESS <u>4308 Epeter St Louis MO 19 mo</u> | 22c. DATE SIGNED <u>10-15-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>10-17-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u> |
| 24. FUNERAL DIRECTOR <u>SUED MEYER & SONS</u> ADDRESS <u>3934 N. 20TH ST. ST. LOUIS 15 MO.</u> | 23d. LOCATION (City, town, or county) <u>ST. LOUIS COUNTY, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>10-15-60</u> |

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| 26. REGISTRAR'S SIGNATURE <u>John C. Muffly M.D.</u> |
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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Aiken

Licensed Embalmer No. 419

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.