

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4342** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS MO** Length of stay in 1b **11 YEARS**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **5801 PERSHING** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO** b. COUNTY
 c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5801 PERSHING** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **PETER** Middle **—** Last **SONEY** 4. DATE OF DEATH Month **5** Day **6** Year **1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6-18-1868** 9. AGE (last birthday) **92**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CARPENTER** 10b. KIND OF BUSINESS OR INDUSTRY **CONTRACTOR** 11. BIRTHPLACE (City and state or country) **BUDAPEST, HUNGARY** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **GABRIEL SONEY** 13b. MOTHER'S MAIDEN NAME **ELIZABETH —** 14. NAME OF HUSBAND OR WIFE **ELIZABETH SONEY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **ELIZABETH SONEY** Address **5801 PERSHING**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary Edema**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardiac Decompensation**
 DUE TO (c) **Arteriosclerotic heart disease**
 INTERVAL BETWEEN ONSET AND DEATH **2 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.0**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **12:00 PM** Month, Day, Year **5-5-61**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION **ST. LOUIS** COUNTY **MO** STATE

21. I attended the deceased from **Aug 1959** to **present** and last saw her **alive** on **5-5-61**
 Death occurred at **12:00 PM** **5-5-61** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Robert T. Thomason M.D.** (degree or title) 22b. ADDRESS **100 N Euclid** 22c. DATE SIGNED **5-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **5-8-1961** 23c. NAME OF CEMETERY OR CREMATORY **VAL HALLA CEMETERY** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS COUNTY MO**

24. FUNERAL DIRECTOR **HOWARD H. MICHEL** ADDRESS **5930 SOUTHWEST** 25. DATE RECD. BY LOCAL REG. **MAY 8 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED
 2
 INSTEAD OF
 ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 227

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.