DEC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

27190
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 7204
(c) City St. Louis, Mo. (d) Street No. Saint Louis Maternity Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sonnenschein, Infant Boy 559
(a) Residence, No. 772 Harvard Ave. University City NR U. City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1938
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 13 hrs. or 40 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Sonnenschein, Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N.Y.

MOTHER
15. MAIDEN NAME Priwer, Rachel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Alexander Sonnenschein 772 Harvard Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUNT OLIVE HEB 8/ 15 1938
19. FUNERAL DIRECTOR (ADDRESS) H. B. Berger 4715 Lucherson
20. FILED AUG 15 1938 J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1938, to 8-13, 1938
I last saw him alive on 8-13, 1938. Death is said to have occurred on the date stated above, at 2:53 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adrenal Hemorrhage	
Enlarged Thymus	

Other contributory causes of importance:
Maternal Hydramnios

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? /
If so, specify .....
(Signed) S A Soule M D, M. D.
(Address) 4500 Olive St.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, H. I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

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.)