

79 FILED JUL 17 1940

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3843 Shenandoah St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Martha Jane Sontheimer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Milton Sontheimer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 10, 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 7 12 hr. \_\_\_\_\_ min.

9. Birthplace Springfield Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Adolphus Meyer  
 { 13. Birthplace Berlin Germany  
 { 14. Maiden name Hermelia Schmidt  
 { 15. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Elsie Reid  
 (b) Address 3843 Shenandoah

17. (a) Burial (b) Date thereof 6/24/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bellerontaine Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) JUN 23 1940 (b) J. F. Bredick  
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3843 Shenandoah  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
 year 1940 hour 1 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 10 1940 to June 22 1940  
 that I last saw her alive on June 21 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal neoplasia Duration \_\_\_\_\_  
4 x 7 x 2 albumen

Other conditions Chronic Pancreatitis  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) none  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? none (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury none

23. Signature J. F. Bredick M. D. or other \_\_\_\_\_  
 Address 2743 N. Grand Date signed 6-22-40

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert H. Harper*

Licensed Embalmer No.....

*1861*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**