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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11681

FILED MAR 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2330

1. PLACE OF DEATH:

(a) County

(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: 0
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5027 Idaho 15
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Mary Sontag

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred J

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec (Month) 25 (Day) 1872 (Year)

8. AGE: Years 73 Months 2 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Robert O Sontag
(b) Address 5027 Idaho Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 11 (Day) 46 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) MAR 11 1946 (Date filed with local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from 13 February 1946 to 8 March 1946, that I last saw her alive on 8 March 1946 @ 5:39 AM 1946; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Circulatory Failure 4 days

Due to Cerebral hemorrhage of undetermined nature 3

Due to

Other conditions (Include pregnancy within 3 months of death) 87

Major findings:
Of operations Sequestrum of mastoid pt. of temporal bone — left
Of autopsy

PHYSICIAN

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed 3-9-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10593

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.