

No. 2
-147
-17-39

FILED SEP 23 1947
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Anthony's Hosp.**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **0-00**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **2818 Wisconsin Av.** **9**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME **Barbara Sonnenschein**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

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

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

7. Birth date of deceased **June 27 1947**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	2	13hr.min.

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

10. Usual occupation **none**

11. Industry or business.....

12. Name **Eugene Sonnenschein**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **E. S. Terry M. Smith**

15. Birthplace **Ackerly Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene Sonnenschein**

(b) Address **2818 Wisconsin Av.**

17. (a) **Burial** (b) Date thereof **9-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Witt Bros L & Co.**

(b) Address **2929 S. Jefferson Av.**

19. (a) **SEP 11 1947** (b) **J. H. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **10**
year **1947** hour **12** minute **26** M.

21. I hereby certify that I attended the deceased from **Sept 4**
7 P. M., 19**47** to **Sept 10** 19**47**
that I last saw him **alive** on **Sept 10** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Failure of the Heart**

Due to.....

Due to.....

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

Myocardial Hypertrophy of Heart

Of autopsy.....

Duration **about 18 hours**

PHYSICIAN.....

Underline the cause of 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.....

23. Signature **Tom J. Harris** (M. D. or other) **MD**

Address **3606 Harris** Date signed **9/10/47**

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.....

Howard C. With

Licensed Embalmer No. *4353*

P. O. Address *2929 S. Jefferson A*

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.