

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9896

FILED APR 6 1948

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 100

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

1. PLACE OF DEATH: St. Francois
 (a) County St. Francois
 (b) City or town Bonne Terre
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
312 Ward St 1
 (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 Missouri (b) County St. Francois
 (c) City or town Bonne Terre 711
 (If outside city or town limits, write "RURAL") 711
 (d) Street No. 312 Ward St
 (If rural, give location) 711
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

3: (a) PRINT FULL NAME ARTHUR H. SONTAG
 3. (b) If veteran, ✓ name war _____
 3. (c) Social Security No. 2

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 23rd
 year 1948 hour 6 minute P. M.
 21. I hereby certify that I attended the deceased from July
8th, 1947, to March 23, 1948.
 that I last saw him alive on March 23, 1948.
 and that death occurred on the date and hour stated above.

4. Sex M^o 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Ella Sontag
 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased August 1 1873
 (Month) (Day) (Year)

Immediate cause of death Cancer of stomach Duration 1 year
 Due to _____
 Due to _____

8. AGE: Years 74 Months 7 Days 22
 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: W.B.
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

MOTHER, FATHER {
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Deming
 (b) Address 312 Ward St Bonne Terre
 17. (a) removal (b) Date thereof 3-25-48
 (Burial, entombment or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis, Missouri

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? ✓

18. (a) Signature of funeral director Benham Und Co
 (b) Address 313 Benham Bonne Terre Mo
 19. (a) 4/3/48 (b) Esther Rudloff
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Charles E. Jetter (M.D. or other) _____
 Address 114 Ave. H. Bonne Terre Date signed 3/25/48

RECEIVED

Health Officer No. 4

Number 448-428

4-5-48

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.....

Lin Counts

Registered Apprentice No. 95

working under my personal supervision.

Signed *Clarence J. Claywell*

Licensed Embalmer No. 3706

P. O. Address *Bonne Terre Mo*

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.