

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15282**

BIRTH NO. 12374-50 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. 3069 Registrar's No. 967

4005

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

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Weldon Spring</u>	
c. LENGTH OF STAY (in this place) <u>5 WKS.</u>		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>V. 82 North Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Sonnenfeld III</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>February 28, 1950</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>13</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Richmond Heights 17, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>John Sonnenfeld Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanne Hulson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Sonnenfeld, V 82 N. Drive</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Truncus arteriosus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. 13 days</u> <u>1 mo. 13 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital heart disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-11-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Congenital heart disease</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-1-, 1950, to 4/11/50, 1950, that I last saw the deceased alive on 4/11/50, 1950, and that death occurred at 7:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>19 E. Lockwood, Webster G.</u>		23c. DATE SIGNED <u>4/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>4/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	
				24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>APR 14 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>	
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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.....

Not embalmed.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *1994*

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.