

No. 300
10.48
FILED SEP 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29065

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1737</u>		
1. PLACE OF DEATH a. COUNTY <u>St. 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 township) OR TOWN <u>Rural, Bonhomme township</u>		c. LENGTH OF STAY (If applicable) <u>33 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bonhomme township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>None, Kiefer Cheek Road</u>				d. STREET ADDRESS (If rural, give location) <u>Kiefer Creek Road 4000 S</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Otto</u> c. (Last) <u>Sontag</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18-1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19-1916</u>	9. AGE (In years last birthday) <u>33 Yrs.</u>	IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Martin Sontag</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Thorburg</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Koehler Sontag</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Sontag Glencoe Mo. R.R.-1.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>VALVULAR HEART DISEASE</u> DUE TO (c) <u>RHEUMATIC FEVER</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u> <u>YEARS</u> <u>?</u> <u>4/11</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>June 1947</u> , to <u>July 18, 1950</u> , that I last saw the deceased alive on <u>June 24, 1950</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. R. Loving, M.D.</u>				23b. ADDRESS <u>Ballwin, Mo.</u>		23c. DATE SIGNED <u>8-2-50</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) (State) <u>Ellisville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-18-50</u>		REGISTRAR'S SIGNATURE <u>Richard A. Blank</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>				

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Geo. A. Braden

Licensed Embalmer No.

3066

P. O. Address

Bullwin, 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.