Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027750
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1946

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Heights — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hospital — Length of stay in 1b 50-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN 4640 WARSON WOODS — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 10341 MANCHESTER RD. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mary Middle: E Last: Sontag

4. DATE OF DEATH Month: July Day: 24th. Year: 1958

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH May 5,1872
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-at home
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) Chicago,Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Walsh
13b. MOTHER'S MAIDEN NAME Kate Hogan
14. NAME OF HUSBAND OR WIFE Mr. Anthony Sontag

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr.Robert E.Sontag,# 13 Algonquin Woods, Glendale

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 15 yrs
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1950 to July 58 and last saw her/him alive on 7-23-58
Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred Kramer (Degree or title) MD
22b. ADDRESS 4161 Lindell
22c. DATE SIGNED 7-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 24,1958
23c. NAME OF CEMETERY OR CREMATORY Holy Sepulchre Cemetery
23d. LOCATION (City, town, or county) (State) Chicago,Ill.

24. FUNERAL DIRECTOR ARTHUR J. DONNELLY — ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 7-24-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

SEP 22 1958

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Francis Willis

Licensed Embalmer No. 3565

P. O. Address 3840 Leeds

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.