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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034723
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8656

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.GRAND, ST.LOUIS, MO. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 35 VET.ADM. HOSPITAL — Length of stay in 1b: 44 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: ST. LOUIS
c. CITY OR TOWN: OVERLAND 433X — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 27 10313 NIBLIC DR. — Reside on Farm: Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print): First: CALEB — Middle: — Last: SONTAG

4. DATE OF DEATH: Month 9 — Day 7 — Year 58

5. SEX: MALE C

6. COLOR OR RACE: WHITE

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: 8/13/96

9. AGE (In years last birthday): 62 — 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): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ST. LOUIS COUNTY, MO. C

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: EDWARD SONTAG

13b. MOTHER'S MAIDEN NAME: LIDA WINSTON

14. NAME OF HUSBAND OR WIFE: - - - - - - - - -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: 486-18-4713

17. INFORMANT — Address: VA HOSP. RECORDS, ST. LOUIS, MO.

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): Adenocarcinoma of prostate gland and adrenal glands with GENERALIZED METASTASIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1992

19. WAS AUTOPSY PERFORMED? / YES [X] NO [ ]

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/VA attended the deceased from 7/25/58, to 9/7/58 and last saw him alive on 9/7/58
Death occurred at 9:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. B. Shields — (Degree or title): M.D. C

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 9/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-10-58

23c. NAME OF CEMETERY OR CREMATORY: Antio ch Cemetery

23d. LOCATION (City, town, or county) (State): Monarch, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Schrader Funeral Home Ballwi n Mo.

25. DATE RECD. BY LOCAL REG.: SEP 8 '58

26. REGISTRAR'S SIGNATURE: Karl Smith MD
MDS

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Richard Bapp

Licensed Embalmer No. 4584

P. O. Address Baltimore, Md.

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.