

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038272
STATE FILE NUMBER

19- FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9856

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp</u>		Length of stay in 1b <u>#1 = 65 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>1217-WRIGHT-ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle <u>D.</u> Last <u>Sunday</u>			4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>1 WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 12TH 1875</u>	9. AGE (In years last birthday) <u>82 YRS.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLEANING-WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL-MEAT-CO</u>	11. BIRTHPLACE (City and state or country) <u>MASCOUTAH - ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>LORENZ-BAUER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA-KEHRER</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUST L. SUNDAY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-26-3902A</u>	17. INFORMANT Address <u>OTTO-BAUER = 1630-KNAPP-ST.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>					
DUE TO (c) <u>420.1</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cerebral infarction</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Sept. 30, 1958</u> to <u>Oct. 12, 1958</u> and last saw her alive on <u>Oct. 12, 1958</u> Death occurred at <u>9:15</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Willy J. Weinstein, MD</u>		22b. ADDRESS <u>1515 Lafayette</u>	22c. DATE SIGNED <u>10/13/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>OCT. 15TH 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHANY-CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS-COUNTY - MO.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Brockland Und G. 1827-HOGAN-ST.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 15 '58</u>	26. REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Robert H. Remelina

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.