

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-042066
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10597**

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	AMENDED	
1	DATE AMENDED	<i>12-12-63</i>
2	12-12-63	<i>12-12-63</i>
3	12-12-63	<i>12-12-63</i>
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11	12-12-63	<i>12-12-63</i>
12	12-12-63	<i>12-12-63</i>
13	12-12-63	<i>12-12-63</i>

FILED OCT 31 1963			
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Mapaville	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) Mapaville	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND J. SONDAG			4. DATE OF DEATH Month Day Year Oct. 24 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-2-1907
9. AGE (last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) Baseco Incorporated - Self Employed President	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Sondag		13b. MOTHER'S MAIDEN NAME Anna Groll	
14. NAME OF HUSBAND OR WIFE Leoba Sondag		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT Leoba Sondag Mapaville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanomas DUE TO (b) Bronchogenic Carcinoma of Lung DUE TO (c) 1621			INTERVAL BETWEEN ONSET AND DEATH 40 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 2/1/63 to 10/24/63 and last saw him alive on 10/23/63 Death occurred at 4:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward W. Czibinski MO		22b. ADDRESS 3701 Crandall St	
22c. DATE SIGNED 10/24/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Oct. 28, 1963		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.	
25. DATE RECD. BY LOCAL REG. OCT 25 1963		26. REGISTRAR'S SIGNATURE Roal Smith. M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

President, Mapaville State Line Self Employed - Racco Line

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

Dr. E. W. Czembrinski Jr. 3-4430
3701 Grandel Sq. 11-44

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 Ernest W. Spillars

Licensed Embalmer No. 44080

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.