MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 10262

Registered No. 35

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City Jennings (No. 8836 Huskamp Ave. St. ..... Ward)

Registration District No. 784
Primary Registration District No. 6030

2. FULL NAME Frederick A. Sommers

(a) Residence, No. 8836 Huskamp Ave, Jennings St., Mo. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William F. Sommers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 18, 1857

7. AGE: Years 76 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ox Horn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER
13. NAME: Rickmany
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Louise Pohl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): William F. Sommers, 8836 Huskamp Ave. Jennings Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens DATE: 3 5 1934

19. UNDERTAKER (ADDRESS): M. H. Hermann & Son, 2610 Park Ave.

20. FILED: March 4th 1934 A. G. Zeitler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934, to Mch. 2/34, 19..

I last saw her alive on Mch 2, 1934. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
431	
988	
89.115	

Other contributory causes of importance:
Chronic nephritis, myocarditis, Hypertension

Name of operation: -- Date of: --
What test confirmed diagnosis? -- Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? -- Date of injury: --, 19..
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury: --
Nature of injury: --

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Clyde E. Kane, M. D.
(Address) 3621 N. 20th Str.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.