WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 2 1935

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

Do not use this space.

791

31288

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8105

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME John Sommers

(a) Residence, No. 4357 Delor St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Ida Sommers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 28, 1879

7. AGE: YEARS 56 | MONTHS 5 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Mfg.
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 Missouri

FATHER

13. NAME: John Sommers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Prussia

17. INFORMANT (ADDRESS): Dr E P Hill 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sun Set Burial DATE: Sept 28, 1935

19. UNDERTAKER (ADDRESS): Thos Kutis 2906 Gravois ave

20. FILED SEP 26 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1935, to 9-24, 1935

I last saw h/ 1771 alive on 9/24, 1935. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

	Date of onset
Chr. Myocarditis. C	pres. B
Cerebral Arteriosclerosis	9/1/35
Other contributory causes of importance: 93 C	
Bronchopneumonia	9/10/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) E P Hill, M. D.

(Address) 5400 Arsenal St