JAN 10 1937

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

Do not use this space.

46383

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6237 Hoffman Ave. St. ..... Ward)

File No. .....

Registered No. 12170

2. FULL NAME Jacob Sommers

(a) Residence, No. 6237 Hoffman Ave. St., 3 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: 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 Emma Sommer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chapman Cleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Dyeing Co.

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 Jacob Sommer

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

MOTHER

15. MAIDEN NAME Christina Nagel

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

17. INFORMANT (ADDRESS) Emma Sommers 6237 Hoffman Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Paul's Churchyard DATE 12-12, 1936

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED DEC 11 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th, 1936, to Dec 9th, 1936

I last saw him alive on Dec. 9th, 1936. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

	Date of onset
Angina Pectoris	
94a	

Other contributory causes of importance: Arteriosa. Hypertension Chronic.

Name of operation none Date of .....

What test confirmed diagnosis? Yes 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) H. E. Markwort, M. D.

(Address) 4305 Delor St.

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.

H. E. Markwart
4305 Kelar
12-2