

JAN 24 1938

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

46612
Do not use this space

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 333
 (b) Township St. Ferdinand Primary Registration District No. 4468 Registered No. 224
 (c) City Florissant (d) Street No. Graham Road, Florissant, Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

C. Adolph Sommers
 (a) Residence, No. Chambers Road, Florissant, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Grace M. Sommers (Wood)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 10 12
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron Moulder
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Nebraska City Nebraska

FATHER 13. NAME Herman Sommers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

MOTHER 15. MAIDEN NAME Helen Seitz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Grace M. Sommers Chambers Rd Florissant Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Dec. 13, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED Dec 17 1937 W.A. Zeitler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10-30 to 12-10-37

I last saw him alive on 12-10-1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Acute myocarditis
Chr. Myocarditis
Chr. Arteriosclerosis
 Other contributory causes of importance:
Chr. Myocarditis 10 yrs
Chr. Arteriosclerosis 10 yrs

Name of operation none Date of no
 What test confirmed diagnosis? physical 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) W.A. Zeitler M. D.
 (Address) 340 Pennsylvania

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

STATEMENT BY LICENSED EMBALMER

I, *Sernand Hampton* Licensed Embalmer No. 2967
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Sernand Hampton*
Licensed Embalmer No. 2967

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.)