

FEB 12 1938

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

429  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **3730 California** 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 **Bertha Sommer 560**

(a) Residence, No. **3730 California** St. **24**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Julius Sommer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 13, 1873**

7. AGE YEARS **64** MONTHS **3** DAYS **24** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **Dec. 30, 1937** 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Oscar Schilling**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Theresa Meyer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Antonia Mo.**

17. INFORMANT (ADDRESS) **Julius W. Sommer 4011 Parker Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul 1-10-37**

19. FUNERAL DIRECTOR (ADDRESS) **Oscar J. Hoffmeister 4016 Chippewa Str.**

20. FILED **JAN 9 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 7 1938**

22. I HEREBY CERTIFY, that I attended deceased from **March 1935** to **Jan. 7 1938**

I last saw her alive on **Jan 7 1938** Death is said to have occurred on the date stated above, at **220 p.**

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

**Chronic Myocarditis** Date of onset **1935**

Other contributory causes of importance: **General Arterio-sclerosis 1935**

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) **J. A. Davis**, M. D.  
(Address) **2767 Rowan**

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every supplement - AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leisinger, Licensed Embalmer No. 3888

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

Edwin H. Leisinger

Licensed Embalmer No. 3888

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**