17 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26871

Registration District No. 784 — Primary Registration District No. 116 — Registrar's No. 1287

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lillian Bommer 560

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert G. Bommer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 26, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	20	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick King
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Farley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert R. Bommer
(b) Address Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUL 17 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1939 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from June 18 39, 19, to July 16, 1939;
that I last saw her alive on July 16, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer Of Uterus	6 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. P. Knabbe (M. D. or other)
Address Valley Park, Mo. Date signed 7.17.39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....H. E. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.)

If this body is not embalmed, above space should be left blank.