

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.

FILED SEP 25 1940

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

Do not use this space.

29499

1. PLACE OF DEATH

County ST. CHARLES 2 Registration District No. 760 B  
Township PARDENNE 0 Primary Registration District No. 6001  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 120  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

560 ALTON SE Sommer

(a) Residence, No. O'FALLON 121 St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALIE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 28 - 1905</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>4</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 22, 1940  
22. I HEREBY CERTIFY, That I attended deceased from Held Inquest - Aug - 23rd, 1940  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cerebral hemorrhage - Skull Fracture - Shock, as a result of being struck by automobile.

(Deceased was a pedestrian)

Other contributory causes of importance:

210 m  
21

Date of onset

12. BIRTHPLACE (CITY OR TOWN) ST. CHARLES Co MISSOURI  
(STATE OR COUNTRY)

13. NAME PETER SOMMER

14. BIRTHPLACE (CITY OR TOWN) JOSEPHVILLE MO  
(STATE OR COUNTRY)

15. MAIDEN NAME SETTER

16. BIRTHPLACE (CITY OR TOWN) ST. PAUL MO  
(STATE OR COUNTRY)

17. INFORMANT MRS. PENNA SOMMER  
(ADDRESS) O'FALLON MO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Josephville DATE Aug 24, 1940

19. UNDERTAKER E. A. Keithley  
(ADDRESS) O'Fallon Mo

20. FILED Aug 24, 1940 E. A. Keithley  
Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? External only

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? homicide Date of injury Aug 22, 1940

Where did injury occur? near O'Fallon Missouri  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
U.S. Highway #40

Manner of injury Struck by automobile  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_  
(Signed) John H. Buse Coroner

(Address) St. Charles - Mo.

