No. 2
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17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5412

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1660

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Ferguson (If outside city or town limits, write "RURAL") NR 2

(d) Street No. Rt. #10 Box 96 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Edwin Otto Sommers

3. (b) If veteran, name war

3. (c) Social Security 489-10-1244

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ellen D. Sommers

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. (Month) 16 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	0	4	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Allied Mills Co.

MOTHER FATHER

12. Name A. W. Sommers

13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

14. Maiden name Katherine Heisler

15. Birthplace Freeburg (City, town, or county) / Ill. (State or foreign country)

16. (a) Informant Ellen D. Sommers

(b) Address Ferguson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) FEB 21 1941 (Date received local registrar) (b) J. N. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-15-, 1941, to 2-20-, 1941, that I last saw him alive on 2-20-, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 Days
Due to	
Due to Arterio Schrosis Heart disease	1937
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy (1) Hypertrophic heart (2) Coronary Thrombosis (3) General Schlerotic heart

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 Roy Johnson (M. D. or other) (1)

Address Ferguson Mo. Date signed 2-20-41

(Licensed Embalmer's Statement on Reverse Side)

40 N. Florissant Rd
Ferguson
1 — 2 30 PM
9 — 10 A.M.

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 Warren A Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.