

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

2
41
19

FILED OCT 13 1941

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 7039

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:
Forest Park, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 2 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County 999

(c) City or town Litchfield. 11
(If outside city or town limits, write "RURAL")

(d) Street No. _____ N.R. 0
(If rural, give location)

(e) No Attending Physician
(Citizen of foreign country) (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Marie Glendora Sommer.

3. (b) If veteran, name war No.

3. (c) Social Security No. 3421-01-7071

Found. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1941 hour 012 minute 45.0 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____

Cyanide Poisoning and evidence of attempted drowning when deceased was found floating in Post Dispatch Lake in Forest Park on Aug 30-1941 at about 12:40 while suffering from temporary insanity

Duration _____

7. Birth date of deceased November 4 1898.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>42</u>	<u>8</u>	<u>26</u>	_____hr. _____min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Unemployed.

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Sommer.

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

14. Maiden name Gertrude Layton.

15. Birthplace Missouri. ()
(City, town, or county) (State or foreign country)

16. (a) Informant H. F. Rodegast.

(b) Address Litchfield, Illinois.

17. (a) Burial (b) Date thereof 9-2-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Missouri.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug 30-1941

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature W. J. Perry (M. D. or other) _____
Address _____ Date signed 9/14/41

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 1 1941 (b) J. Credel
(Date received local registrar) (Registrar's signature)

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

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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

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