

FILLED NOV 24 1941

Primary Registration District No. **1003**

Registrar's No. **8060**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 yrs. 2 mos. 28 days
 In this community About 61 yrs.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (d) Street No. 4400
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Sommer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 24, 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business Henry Sommer

12. Name _____
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Schütloff
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant L. Plegendorf
 (b) Address 5300 Arsenal St.

17. (a) Burial (b) Date thereof Oct. 10, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. H. Gibken & Co.
 (b) Address 2842 Meramec St.

19. (a) 001 9 1941 (b) J. F. Bradeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
 year 1941 hour 11:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-1-40 19____ to 10-7-41 19____
 that I last saw him alive on 10-7-41 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease
 Due to 7-1-40x

Due to Broncho Pneumonia 10-3-41 x

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy No
 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? _____

While at work _____ (Specify type of place) (r) Means of injury _____
 23. Signature J. R. Eidelman (M. D. or other) _____
 Address _____ Date signed _____

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

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.....

Joseph S. Benz .

....., Registered Apprentice No. 218

working under my personal supervision.

Signed.....

Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.
St. Louis, MO.

P. O. Address.....

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, fact should be so stated above.