

FILED JUN 15 1942

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 13

(c) City or town St. Louis 9/10  
(If outside city or town limits, write "RURAL")

(d) Street No. 3820 N. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paul Otto Sommer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st, year 1942 hour 6.55 minute \_\_\_\_\_ P. M

21. I hereby certify that I attended the deceased from May 26th, 1942, to May 31, 1942  
that I last saw him alive on May 31st, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Sommer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 6th. 1884  
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus  
Hypostatic Pneumonia  
4th degree amputation of Rt. thigh lower third

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Gas gangrene of Rt. foot

8. AGE: Years 58 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Government Employee

11. Industry or business Not Employed

12. Name Otto Sommer

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs. Elsie Sommer

(b) Address 3820 N. Grand Blvd.

17. (a) Burial (b) Date thereof 6-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically:

19. (a) JUN 2 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury O

23. Signature A. J. Gettner (M. D. or other) \_\_\_\_\_  
Address 2745 N. Grand Blvd. Date signed 6-3-42

G. J. Gutterger  
2745 N. Grand  
1-3

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Smithers  
Licensed Embalmer No. 3916  
P. O. Address 3710 N. Grand Bl

**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.**