

37565

S. No. 2
11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1942

Registration District No. 207

Primary Registration District No. 5756

Registrar's No. 174

1. PLACE OF DEATH: **MARIES**

(a) County **MARIES**

(b) City or town **Jefferson - Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)

In this community **4 years**

2. USUAL RESIDENCE OF DECEASED: **63**

(a) State **MO** (b) County **MARIES**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **JOHN A. SOMER**

3. (b) If veteran name war **no**

3. (c) Social Security No. **490-128137**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **2 divorced W**

6. (b) Name of husband or wife **KATHRYN SOMER**

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

7. Birth date of deceased **Dec 15 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 10 15 hr. min.

9. Birthplace **TROY, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **William Somer**

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

14. Maiden name **Appleson Biggs**

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

16. (a) Informant **Marie Krambel**

(b) Address **4017 N 11th St St Louis MO**

17. (a) **Removed** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellevue MO**

18. (a) Signature of funeral director **W E Tichler**

(b) Address **St James MO**

19. (a) **11-18-42** (b) **Gama Bassett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30th**
year **1942** hour **7** minute **10** P. M.

21. I hereby certify that I attended the deceased from **October 28**, 19**42** to **October 30**, 19**42**
that I last saw him alive on **October 28**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Hypertension** { **3-4 years**

Due to **Chronic**

Other conditions (Include pregnancy within 3 months of death) **83a**

Major findings: **83a**

Of operations _____

Of autopsy _____

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 _____

23. Signature **O. V. Hammler** (M. D. or _____)

Address **St James MO** Date signed **11/31/42**

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

FATHER

MOTHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Craig T. Klaber

Licensed Embalmer No. 3544

P. O. Address A. J. Gerner MD

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, above space should be left blank.