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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1945

State File No. 28565

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 19 69 206 9

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis Co. 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 Kirkwood, 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 Virginia La
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rudolph C. Sommers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Estelle Sommer

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb (Month) 9 (Day) 1892 (Year)

8. AGE: Years 53 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Public Service

11. Industry or business

FATHER
12. Name Charles Sommer
13. Birthplace Detroit (City, town, or county) Mischigan (State or foreign country)

MOTHER
14. Maiden name Mary Paren
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs. Estelle Sommer
(b) Address 1805 Virginia Lane,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, 22, Mo.,

19. (a) 8-20-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) M.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAugust day 15
year 1945 hour 8 minute 25 A.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.

Immediate cause of death Subarachnoidal Hemorrhage caused by being struck by an automobile

Due to Accident

Due to

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

Major findings:
Of operations

Of autopsy Subarachnoidal Hemmorhage

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 125
(b) Date of occurrence 8-15-45
(c) Where did injury occur? Kirkwood (City or town) St Louis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)
While at work? no (e) Means of injury Blunt Impact

23. Signature Arnold J. Willmann Coroner (Title)
Address Clayton, Mo Date signed 8-17-45

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1949

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 Van M Szemon

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl Maplewood Mo

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.