

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6981

FILED FEB 24 1948

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 1428

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 777 Yale Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christopher P. Sommerich

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 Nellie M. Sommerich 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 18th, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 22 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name John E. Sommerich

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

14. Maiden name Minnie Wehmuehler

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

16. (a) Informant Mrs. Nellie M. Sommerich

(b) Address 777 Yale Ave U. C.

17. (a) Burial (b) Date thereof Feb. 13th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 N. Kingshighway

19. (a) FEB 11 1948 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1947 hour 10 minute 40 3 M.

21. I hereby certify that I attended the deceased from Dec 18, 1946 to Feb 10, 1947
that I last saw him alive on Feb 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Sept arteriosclerosis Duration 6 days
Myocarditis 3 years

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

Major findings: 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 [Signature] (M. D. or other) [Signature]

Address Box 9, Farm, the - Clayton, Mo Date signed 2/11/47

(Licensed Embalmer's Statement on Reverse Side)

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

10
17
9

96
3
NR 5

MOTHER FATHER

H
F

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 *John S. Deanehy*
Licensed Embalmer No. *4194*
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.