

No. 2
-2-43
5-17-39
X35697

FILED NOV 8 1947 318

State File No. 10115

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County oac
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1918 Mallineroth 9
26 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Sharon Ann Sommers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 2 1947
(Month) (Day) (Year)

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

9. Birthplace St. Louis, Mo 6
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Victor T. Sommers
13. Birthplace St. Louis, Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Marie Proost
15. Birthplace St. Louis, Mo P
(City, town, or county) (State or foreign country)

16. (a) Informant Victor T. Sommers

(b) Address #1518 Mallineroth

17. (a) Burial (b) Date thereof 11 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Edward Koch and Son

(b) Address 3716 N. 14th - St. Louis, Mo

19. (a) Nov 8 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1947 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 2 1947 to Nov 7 1947
that I last saw her alive on Nov 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to 7 month pneumonia

Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____
Of autopsy _____
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? _____
(Specify type of plane) _____
While at work? _____ (e) Means of injury _____

23. Signature Samuel D. Montgomery (M. D. or other) M.D.
Address 4032 W. 4th Street Date signed 11/8/47

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.....

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

Signed.....

Geo Embalming
Edward Koch and Son, Funeral Directors
Edward Koch

.....
Licensed Embalmer No.....

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.) per

If this body is not embalmed, fact should be so stated above.