V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43509

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11499

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge 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 Missouri (b) County 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5522 Dewey 9
(If rural, give location) 15 0

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

If yes, name country

3. (a) PRINT FULL NAME Julia Sommer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased May (Month) 19 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Wienke
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Caroline Hagemann
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Albert A. Greisbauer
(b) Address 5054a Pernod

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.

DEC 20 1947

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1947 hour 6 minute 22 A.M.

21. I hereby certify that I attended the deceased from 3/8, 1945, to 12/14, 1947;
that I last saw her alive on 12/14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	4 hrs.
Due to Thrombophlebitis	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 place)

While at work? (e) Means of injury

23. Signature S. A. Hester (M. D. or other) MD

Address 5600 S Compton Date signed 12/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11490

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.