

FILED NOV 13 1948

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#4, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 19 48 hour 6:00 minute PM
21. I hereby certify that I attended the deceased from Nov 3
19 48 to Nov 8 19 48
that I last saw him alive on Nov 7
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral vascular accident
Due to Hypertension

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. P. Loyd (M. D. or other) M.D.
Address 425 Madison St. Date signed 11-8-48

3. (a) PRINT FULL NAME August M. Sommerer
3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widower
6. (b) Name of husband or wife Bertha Sommerer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 2 hr. _____ min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lorenz Sommerer
13. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Beck
15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Popp
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director Chap. J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 11-8-48 (b) R. P. Diering
(Date received local registrar) (Registrar's name)

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

6, 54

26

1

3

48

19 48

g j d

Of autopsy hemorrhage into ventricle of brain

R. P. Diering
Normal Richter

Jeff. City, Mo.

FEB 10 1950

Date Filed
District File Number
NOV 10 1948

District Health Officer No. 9,
RECEIVED

NOV 13 1948

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 *Ford P. Dulle*
Licensed Embalmer No. *3890*
P. O. Address *Jefferson City, 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.