

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3611

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>55 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3434a Hartford Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3434a Hartford Street</u>		d. STREET ADDRESS (If rural, give location) <u>3434a Hartford Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>Sommer</u>	
c. (Last) <u>Sommer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>February 27, 1877</u>
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>1</u>	11. DAYS <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Breslau, Germany</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Sommer</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Baumgarten</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Anna Sommer</u>		ADDRESS <u>3434a Hartford Street</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>last 2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>			<u>last 5 years</u>
DUE TO (c) <u>830</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>234-X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 5, 1946</u> , to <u>April 21st, 1949</u> , that I last saw the deceased alive on <u>April 21st, 1949</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm J. Robert R. &amp; H. Co.</u>		23b. ADDRESS <u>3606 Shaw Ave.</u>	
23c. DATE SIGNED <u>4/21/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>April 23, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Robert R. &amp; H. Co.</u>		ADDRESS <u>1905 So. Grand</u>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ronald A. Spalunke*

Licensed Embalmer No. *20917*

P. O. Address *St. Louis*

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.