

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43174**
 Registrar's No. **04665**

FILED DEC 17 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights	c. LENGTH OF STAY (In this place) 4 years	c. CITY (If outside corporate limits, write RURAL and give township) 46 OR TOWN Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 6420 Clayton Road	
3. NAME OF DECEASED (Type or Print) Sister Mary Ildephonse Sommerhauser			4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 12-9-1876
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? BIRK-RHINE-PROV-GERMANY U.S.A	
13a. FATHER'S NAME JOHN SOMMERHAUSER		13b. MOTHER'S MAIDEN NAME MARIA WEBER	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Sister Mary Servatia St. Mary's Hospital
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure DECUBITUS, buttock and leg DUE TO (b) Cancer of breast, left DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 Feb. 1945 , 1945 , to Dec. 10 , 1949 , that I last saw the deceased alive on 12-10-49 , 19____, and that death occurred at 7:00a m., from the causes and on the date stated above.			
23. SIGNATURE James J. Wade		23b. ADDRESS 1024-14th St. Thebes, Mo	23c. DATE SIGNED 12/11/49
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE Dec. 14-1949	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL DEC 12 1949	REGISTRAR'S SIGNATURE Berbert R. Womke	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Boekema	
		ADDRESS Fulton Ave	

(Licensed Embalmer's Statement on Reverse Side) **6536 Clayton Rd**

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

76
302

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

Robert M Murray

Signed.....
Student Embalmer

..... Licensed Embalmer No. *3749*

..... P. O. Address *Louis 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.