

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43838**  
Registrar's No. **11133**

DEC 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS MO</b>		c. LENGTH OF STAY (in this place) <b>31</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>305 So. Lindell</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Sommers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 30 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Jan. 21, 1885</b>
9. AGE (in years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Agent</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>McCredie, Mo.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>James Sommers</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Sommers</b>	14. NAME OF HUSBAND OR WIFE <b>Enola Bowman Sommers</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>709-12-2894</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louise Sommers, Vandalia, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MONOCYTIC LEUKEMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 YEARS</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Monocytic Leukemia</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>2042</b>

22. I hereby certify that I attended the deceased from **10-30, 1952** to **11-30, 1952**, that I last saw the deceased alive on **11-30, 1952**, and that death occurred at **5:52 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. R. Bradley M.D.</b>	23b. ADDRESS <b>Barnes Hospital</b>	23c. DATE SIGNED <b>12-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-1-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia</b>
24d. LOCATION (City, town, or county) (State) <b>Vandalia, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>
DATE REC'D BY LOCAL REG. <b>DEC 3 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1953

MAR 10 1953

**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 John A. Dennehy  
Licensed Embalmer No. 9194

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.