

FILED AUG 31 1953

STANDARD CERTIFICATE OF DEATH

State File No. 30437

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LIBORRY 144</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRINCESS HOTEL</u>				d. STREET ADDRESS (If rural, give location) <u>8120 8</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN C. SOMMER</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 10 1953</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>MALE WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 3 1893</u>		9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOCK CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOSTER BROS.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LIBORRY ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MARTIA SOMMER</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA SCHROFER</u>			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) <u>YES. WW I</u>		16. SOCIAL SECURITY NO. <u>494-01-0359</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Sommer</u>		ADDRESS <u>1503 Chestnut St St Louis</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:				DUE TO (b) <u>Coronary Occlusion</u>			
				DUE TO (c) <u>Coronary Sclerosis</u>			
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 _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>420.1</u>			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>900A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Jones</u>			23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>8/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ST. LIBORRY</u>		24b. DATE <u>Aug 13 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST LIBORRY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LIBORRY ILL.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 11 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emmet & L. Moll, Macental 222</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

not Embal

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 *Emmett G. L. Moler*

Licensed Embalmer No. 2898

P. O. Address *Muscatel Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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