

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25261**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7073**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin-Desloge Hospt.		e. STREET ADDRESS (If rural, give location) 3514a Greer Ave. 21090	
3. NAME OF DECEASED (Type or Print) a. (First) TERESA b. (Middle) SOMMERHAUSER c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 7 - 28 - 54	
5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID		8. DATE OF BIRTH 7-20-82	
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Herman Wessels		13b. MOTHER'S MAIDEN NAME Margaurite Kinkler	
14. NAME OF HUSBAND OR WIFE Charles Sommerhauser		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. Unk		17. INFORMANT'S SIGNATURE OR NAME William Wessel	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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? 241x		22. I hereby certify that I attended the deceased from 22 June, 1954 , to 28 July, 1954 that I last saw the deceased alive on 28 July, 1954 and that death occurred at 10:55 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Archibald M. Churn		23b. ADDRESS Firmin Desloge Hospt.	
23c. DATE SIGNED 29 July 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/2/54		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	
DATE REC'D BY LOCAL REG. JUL 30 1954		ADDRESS 1125 Hodiamont Ave.	

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.....
Signature of Student Embalmer

Signed..... *Alfred F. Boeder*
Licensed Embalmer No. *26*

P. O. Address *11257th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.