

FILED JUL 7 - 1955.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20610**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>544</b>		Registrar's No. <b>1371</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. LENGTH OF STAY (In this place) <b>4 Days</b>		c. CITY OR TOWN <b>Kirkwood</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>669 E. Jefferson Ave.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>F.</b>		c. (Last) <b>SOMMERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 30, 1894</b>		9. AGE (In years last birthday) <b>60</b>	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, area if retired) <b>Proprietor-William</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>F. Sommers &amp; Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Herman Sommers</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Patricia D. Sommers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>World War I 496-36-5071</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Patricia D. Sommers 669 E. Jefferson</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>					<b>5 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					?	
		DUE TO (c) <b>Arteriosclerosis</b>					?	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of liver</b>					?	
		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)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>June 12, 1955</b> , to <b>June 17, 1955</b> , that I last saw the deceased alive on <b>June 17, 1955</b> , and that death occurred at <b>5:00 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>David B. Antledge M.D.</b>				23b. ADDRESS <b>Kirkwood Mo.</b>		23c. DATE SIGNED <b>6.20.55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jun. 20, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6/20/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 .....  
Signature of Student Embalmer

Signed *John A. [unclear]* .....  
Licensed Embalmer No. 453  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**