

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18687
Registrar's No. 3855

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).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Berkeley	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 De Paul Hospital		STREET ADDRESS (If rural, give location) 8110 Blanchard Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) Herman	b. (Middle) E.	c. (Last) Somerlad	4. DATE OF DEATH (Month) (Day) (Year)
				April 15 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 11, 1885	9. AGE (In years last birthday) 71 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 HRS. Min.
-------------	------------------------	--	---------------------------------	--	------------------------	-----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Lewis Sewing Mach.	11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME Unknown Somerlad	13b. MOTHER'S MAIDEN NAME Louise Grammer	14. NAME OF HUSBAND OR WIFE Late Elizabeth Somerlad
-------------------------------------	--	---

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Simon S. Messina, 8110 Blanchard Dr. 21	ADDRESS
---	---------------------------------	--	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of stomach</i>		
	ANTECEDENT CAUSES <i>Emetogastrosis to liver</i>		
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Degenerative cardio-vascular renal disease</i> 7 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of stomach</i>	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 12/70, 1950, to 4/15, 1956, that I last saw the deceased alive on 4/15, 1956, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>Jos. D. Judy</i>	(Degree or title) <i>7th S.M.D.</i>	23b. ADDRESS <i>212 S. Flourissant Ferguson, Mo</i>	23c. DATE SIGNED <i>4/17/56</i>
------------------------------------	-------------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 18, 1956	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gard	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. APR 18 1956	REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Nat'l. Bridge Blvd St. Louis 15, Missouri.
--------------------------------------	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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. Meland*

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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.