

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34164  
STATE FILE NUMBER 8757

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300  
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 50 yrs		d. STREET ADDRESS 225 10 205 N. 9th. St.	
3. NAME OF DECEASED (Type or print) Carl O. Sommer		First Middle Last		4. DATE OF DEATH Sept. 15, 1957	
5. SEX <input type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Nov. 15, 1887		9. AGE (In years) 69		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and state or country) Evansville Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Paul Sommer		13b. MOTHER'S MAIDEN NAME Frieda Scholl	
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) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Edith Major Seville Hotel N.Y.N.Y.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage; Sub-dural Hemorrhage; Multiple Fractures. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 8124 25	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phase condition given in PART I. supper when struck by car, operated by unknown driver in Washington Avenue, about 100 ave.				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) Struck by car in Washington Avenue, about 100 ave.			
20c. TIME OF INJURY 100 9 15 57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) Street			
20e. CITY, TOWN, OR LOCATION St. Louis Mo.		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 130 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank E. Taylor Coroner			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/19/1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
23d. LOCATION (City, town, or county) Normandy Mo.		(State)			
24. FUNERAL DIRECTOR Wm. J. Morrell 3710 N. Grand Blvd.			25. DATE RECD. BY LOCAL REG. SEP 18 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 24 1962

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 *Elmer P. Jader* .....

Licensed Embalmer No. *4077* .....  
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.