

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038240
STATE FILE NUMBER

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar 9916

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1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in lb 2 239	d. STREET ADDRESS (If outside, give location) 1236 1/2 Sidney St.
3. NAME OF DECEASED (Type or print) First Albert Middle Fred Last Sommers		4. DATE OF DEATH Month Day Year Oct. 15, 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1868
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		9b. KIND OF BUSINESS OR INDUSTRY Resturant	9c. AGE (In years last birthday) 90
10a. FATHER'S NAME Unknown Sommers		10b. BIRTHPLACE (City and state or country) ST. Louis, Mo.	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		11. SOCIAL SECURITY NO. None	
12. FATHER'S NAME		12. MOTHER'S MAIDEN NAME Josephine Schlueter	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. INFORMANT Robert Sommers	
14. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis, chronic Chronic cystitis		INTERVAL BETWEEN ONSET AND DEATH 2 mo 1 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) DUE TO (c)	
14. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		15. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 605X	
16a. ACCIDENT <input type="checkbox"/>	16b. SUICIDE <input type="checkbox"/>	16c. HOMICIDE <input type="checkbox"/>	16d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
17a. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		17b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
17c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17d. CITY, TOWN, OR LOCATION COUNTY STATE	
18. I attended the deceased from 8/11/58 to 10/15/58 and last saw her alive on 10/15/58		18. Death occurred at 10:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
19a. SIGNATURE (Degree or title) Edward W. Czabinski MD		19b. ADDRESS 3701 Grandel St	
19c. DATE SIGNED 10/16/58		20. BURIAL, CREMATION, REMOVAL (Specify) Removal	
21. DATE Oct. 18, 1958		21. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
22. LOCATION (City, town, or county) St. Louis, Mo.		22. STATE Mo.	
23. FUNERAL DIRECTOR Walt Bro. S. & U. G. 2929 S. Jefferson		23. DATE RECD. BY LOCAL REG. OCT 16 1958	
24. REGISTERAR'S SIGNATURE Ed Smith MD		24. REGISTERAR'S SIGNATURE Ed Smith MD	

3707 Grant St.
St. Louis, Mo.

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 *Harold C. Witt*

Licensed Embalmer No. ... 43

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.