RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59–032862
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL - MERAMEC
Length of stay in Tb: 5 Mos 13 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hill Infirmary
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5967 JAMIESON
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Joseph Middle: N. Last: SOMMER
4. DATE OF DEATH: Month: SEPT. Day: 17 Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/5/1874
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: BANKER
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph SOMMER
13b. MOTHER'S MAIDEN NAME: BARBARA MACHER
14. NAME OF HUSBAND OR WIFE: HERMINE BRUNS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-18-6065
17. INFORMANT: Bro. Roch · Address: St. Joseph's Hill Infirmary

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): APOPLEXY (C.V.A.)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS
DUE TO (c): MILD DIABETES MELLITUS
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from APRIL 4, 1959 to SEPT 17, 1959 and last saw ~~him~~ her alive on SEPT. 17, 1959
Death occurred at SEPT. 17 1959 12:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: J. L. Marder (Degree or title): MD
22b. ADDRESS: St. Joseph's Hill Infirmary Eureka
22c. DATE SIGNED: 9/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify):
23b. DATE: 9/19/59
23c. NAME OF CEMETERY OR CREMATORY: St Peter & Paul Cem.
23d. LOCATION (City, town, or county): St Louis (State): Mo.
24. FUNERAL DIRECTOR: Kruegshauser ADDRESS: 4228 So. Kingshighway St Louis Mo.
25. DATE RECD. BY LOCAL REG.: 9-19-59
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1959

AUG 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R W Stovesand

Signature of Student Embalmer

Licensed Embalmer No. 400

P. O. Address St Louis

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