URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS MAR 8 1960

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2162

STATE FILE NUMBER 60-008905

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Length of stay in 1b: 51yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2710 Dayton — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: — Last: Sommers

4. DATE OF DEATH: Month: 2 — Day: 21 — Year: 60

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 4-17-1891

9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months: 10 Days: 4 — IF UNDER 24 HR: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Washman

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (City and state or country): Lexington, Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Sommers

13b. MOTHER'S MAIDEN NAME: Emma (Unknown)

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 491-12-8067

17. INFORMANT: George Bady — Address: 4356 North Market St.

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): Carcinoma of Head of Pancreas with Metastases to Liver and Stomach — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 157x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ascites

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 2-20-60, to 2-22-60 and last saw ~~her~~ XX him alive on 2-22-60

Death occurred at 3:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Richard [illegible]

22b. ADDRESS: 2601 N. Whittier St.

22c. DATE SIGNED: 2-23-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-26-1960

23c. NAME OF CEMETERY OR CREMATORY: National

23d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo.

24. FUNERAL DIRECTOR: J. H. RANDLE & SON — ADDRESS: 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.: FEB 24 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MDC

(Licensed Embalmer's Statement on Reverse Side)

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 Esther K. Harris

Signature of Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 481 Wash

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