

FILED VS OCT 26 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10232** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>TOWNST. LOUIS, MO.</b>		Length of stay in 1b	c. CITY OR TOWN <b>ST. LOUIS</b>
c. FULL NAME OR IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP.#1</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2218 S CHEROKEE</b>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b>	Middle <b>V.</b>	Last <b>SOMERS</b>	4. DATE OF DEATH Month <b>OCTOBER</b>	Day <b>20</b>	Year <b>1960</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 16 1901</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK - RECORDER OF DEEDS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS MO</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JAMES SOMERS</b>	13b. MOTHER'S MAIDEN NAME <b>MAMIE WEBER</b>	14. NAME OF HUSBAND OR WIFE <b>ETHEL SOMERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WAR I</b>	16. SOCIAL SECURITY NO. <b>493-03-2787</b>	17. INFORMANT <b>ETHEL SOMERS</b>	Address <b>2218 S CHEROKEE</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>bronchopneumonia</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of lung</b>	
	DUE TO (c) <b>163 h</b>	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>OCTOBER 30, 1960</b> to <b>OCTOBER 20, 1960</b> and last saw her/him alive on <b>OCTOBER 20, 1960</b> Death occurred at <b>2:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Delany Linder M.D.</i> (Degree or title)	22b. ADDRESS <b>1515 LAFAYETTE AVE.</b>	22c. DATE SIGNED <b>10/20/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>OCT. 24 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>
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24. FUNERAL DIRECTOR <i>Thomas Lutes 2906 Gracie</i>	25. DATE RECD. BY LOCAL REG. <b>OCT 21 1960</b>	26. REGISTRAR'S SIGNATURE <i>Load Smith M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grosvenor

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.