MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
10206

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3199a S. Grand Ave. St. ..... Ward)

File No. .....
Registered No. 2794

2. FULL NAME Edmund A. Sommer

(a) Residence. No. 3199a S. Grand Ave. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Sommer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, 21st. 1873.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate Agent
(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Bruno Sommer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Amelia Sommer
(Address) 3199a S. Grand Ave.

15. FILED MAR 22 1927 Marie Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 19th. 1927

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1927, to March 19, 1927 that I last saw him alive on March 12, 1927, and that death occurred, on the date stated above, at 10.15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
4/19
89
Attack 1 hr.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Symptomatic
(Signed) Frank J. Stamps, M. D.
3/21/27 (Address) 3924 S. Grand Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sun Set Burial Park
DATE OF BURIAL Mar. 23 1927

20. UNDERTAKER Wacker & Helderle
ADDRESS 2331 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.