

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 1123Township 1Primary Registration District No. 6248BCity Jefferson Barracks (No. Mo. Veterans Hosp.) St. 1 Ward 68File No. 8949Registered No. 68

2. FULL NAME

Charles SOMMERS(a) Residence, No. 2514-A University St. 1 Ward St. Louis, Missouri
(Usual place of abode)Length of residence in city or town where death occurred un yrs. kn mos. Wts. How long in U. S., if of foreign birth? un yrs. kn mos. un ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Maud Sommers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 18867. AGE YEARS 50 MONTHS 8 DAYS 26 IF LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
10. Date deceased last worked at this occupation (month and year) unavailable 11. Total time (years) spent in this occupation unkn12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fullide Landing Illinois13. NAME unavailable14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable15. MAIDEN NAME unavailable16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable17. INFORMANT (ADDRESS) M. Schilling, Clinical Clerk, Jeff. Bks. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 14 - 193719. UNDERTAKER (ADDRESS) John Lechner and Co, 1417 N. Market St20. FILED Feb. 11, 1937 J. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 193722. I HEREBY CERTIFY, That I attended deceased from December 5, 1936 to February 11, 1937I last saw him alive on February 11, 1937 Death is said to have occurred on the date stated above, at 1:20 p. m.

The principal cause of death and related causes of importance were as follows:

Ectodermogenic NeurosyphilisDate of onset unkn

Other contributory causes of importance:

Hemiparesis, right, incident to cerebral hemorrhage, luetic Colitis, chronicunknunknName of operation none Date of unkn
clin. investigations, phy. exam. laboratory
What test confirmed diagnosis? laboratory Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? unkn Date of injury unknWhere did injury occur? unkn (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury unkn
Nature of injury unkn24. Was disease or injury in any way related to occupation of deceased?
If so, specify unkn(Signed) W. HUGHES, Chf. Medical Officer, M. D.
(Address) Jefferson Barracks, Missouri.

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.

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