

DEC'D MAR 13 1939

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

 1931
 1003

 4855
 Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **1548**
 (c) City St Louis Mo (d) Street No. 3705 Palm St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 562 Walter Herman Sommers
 (a) Residence, No. 3705 Palm St. St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Sommers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1885
 7. AGE YEARS 53 MONTHS 7 DAYS 17 IF LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Floor Walker
 9. Industry or business in which work was done, as saw mill, bank, etc. Famous & Barr
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

 12. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Missouri

 FATHER 13. NAME Herman Sommers
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

 MOTHER 15. MAIDEN NAME Dorthoy Gebhardt
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

 17. INFORMANT Mae Sommers
 (ADDRESS) 3705 Palm St.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Feb 18 1939

 19. FUNERAL DIRECTOR (NAME) Provost Und. Co.
 (ADDRESS) 3710 N Grand Blv.

 20. FILED FEB 17 1939 J. D. Becher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to Feb 15 1939
 I last saw him alive on Feb 14 1939 Death is said to have occurred on the date stated above, at 11.15 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis
 Other contributory causes of importance:
Chronic infectious nephritis
tablennal eczema (acites)

 Name of operation none Date of
 What test confirmed diagnosis? symptoms Was there an autopsy? no

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury no
 Nature of injury no

 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. D. Becher M. D.
 (Address) 2749 Grand

2417
91

W. W. W. W.
W. W. W. W.

STATEMENT BY LICENSED EMBALMER

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

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Robert L. ...*
Licensed Embalmer No. 3553

P. O. Address _____

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 this body is not embalmed, above space should be left blank.