DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34306

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 8844

NOV 13 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy NR
(If outside city or town limits, write "RURAL")

(d) Street No. 88 Bellerive Acres
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dorathea E. Sommers 562

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emil C. Sommers

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 1, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	14	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Nicholas Schaettler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Wilhelm

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emil C. Sommers

(b) Address 88 Bellerive Acres

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave.

19. (a) OCT 17 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1939 hour 5:15 AM minute M.

21. I hereby certify that I attended the deceased from 12/15, 1938, to Oct 15, 1939, that I last saw her alive on 10-15, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pericardial effusion	2 days
Due to: Chr Fibroid Phthisis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Pericardial effusion, Chr Fibroid Phthisis	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. M. Frank (A.M. FRANK) (M. D. or other)

Address 3651 Broadway Date signed 10/17 39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

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 William G. Buckholz

Licensed Embalmer No. 2170

P. O. Address St. Louis Mo

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.