

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS
City or town BYERLAND NR
(If outside city or town limits, write "RURAL")
Street No. 9204 ARGYLE AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY SOMMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife AVG SOMMER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 13 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER FATHER { 12. Name CHRIST KNICKMEYER
13. Birthplace UNKNOWN
(City, town or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town or county) (State or foreign country)

16. (a) Informant Jennie Layland

(b) Address Overland mo

17. (a) BURIAL (b) Date thereof 11-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEM.

18. (a) Signature of funeral director BERNARD BROTHERS

(b) Address OVERLAND MO.

19. NOV 19 1940 (Date received from registrar) (b) _____ (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1940 hour _____ minute A M.

21. I hereby certify that I attended the deceased from Oct 19 1940 to Nov 17 1940; that I last saw her alive on Nov 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia left posterior

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert Wilson (M. D. or other)

Address 990 Overland Date signed 11/19/40

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

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.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland 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, fact should be so stated above.