

BUREAU OF THE CENSUS
AUG 28 1941
791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether
 In this community 0
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4649 Farlin Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mildred Margaret Sommerhauser

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-16-6790

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Victor L. Sommerhauser 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 16 1899
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>1</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Bookkeeper

11. Industry or business Bank

12. Name Benjamin H. Strunk

18. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Carrie Fischer
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Victor L. Sommerhauser

(b) Address 4649 Farlin Avenue

17. (a) Burial (b) Date thereof 7/5/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director 3402 N. Kingshighway

(b) Address K. RAEGER-VOSS, FOX

19. (a) JUL 2 1941 (b) J. F. Friedrich
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
 year 1941 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 7
1941, to July 2, 1941;

that I last saw her alive on July 2, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
myocardialis & cere
brovascularis with
resulting decomposition
of the intestines
rephritis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/2/1

Of autopsy ✓

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

(a) Accident, suicide, or homicide (specify) no

(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 Lo H. Kilker (M. D. qualified)

Address 3121 Grand Date signed 7/2/41

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.....

Ray W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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