

ED JUL 10 1943 3 05

Registration District No. 305

Primary Registration District No. 4412

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Wentzville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Time years, months or days

3. (a) PRINT FULL NAME Frank Antone Sommer

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

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

6. (b) Name of husband or wife Annie Sommer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan 1 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 30 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Rural Mail Carrier

12. Name Antone Sommer

13. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Antonia Grieshaber

15. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Sommer  
(b) Address Wentzville

17. (a) Burial (b) Date thereof June 4 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wentzville Mo

18. (a) Signature of funeral director J. C. Pittman  
(b) Address Wentzville

19. (a) 6/2/43 Gertrude S. Foxsteel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles  
(c) City or town Wentzville Mo 92  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 31  
year 1943 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from December 1942 to May 31 1943  
that I last saw him alive on 5/31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic cirrhosis Duration 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. G. Mc Murray (M. D. or other) \_\_\_\_\_  
Address Wentzville, Mo. Date signed 6/1/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8061 9 700

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**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..... *T. E. FLYNN* .....

Licensed Embalmer No. *2711* .....

P. O. Address *Westville 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.**