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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40585**

LED JAN 3 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11451**

1. PLACE OF DEATH:

(a) County City of St. Louis  
 (b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5522 Dewey /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 81 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5522 Dewey  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th  
 year 1943 hour 11:00 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from  
Jan. 9, 1943 to Dec 19, 1943  
 that I last saw him alive on Dec 19, 1943  
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Anton F. Sommer  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 25, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Houseman

11. Industry or business Retired 4 Years

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name nenke  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Sommer

(b) Address 5522 Dewey

17. (a) Burial (b) Date thereof 12-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick, Wentzville

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) DEC 21 1943 (b) J. F. Bruesel  
(Date received local registrar) (Registrar's signature)

Immediate cause of death  
Chs Myocarditis  
Senility  
 Duration 1 yr.  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) 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) (Means of injury)  
 23. Signature J. F. Bruesel (M. D. or other) no  
 Address 5417 So Grand Date signed 12-20-43

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 Virgil L. Berryman  
Licensed Embalmer No. 4018  
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, fact should be so stated above.**