

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5770
Registrar's No. 1730

FILED MAR 1 1944
Registration District No. 318

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Alexian Bros. Hospital
(d) Length of stay: In hospital or institution 8 days
In this community Life

3. (a) PRINT FULL NAME Sommer, Oscar C.
3. (b) If veteran, name war No.
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 Mary Shults
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. 9, 1877

8. AGE: Years 67 Months 0 Days 10
If less than one day hr. min.

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

10. Usual occupation Traffic Clerk
11. Industry or business Hardware

MOTHER FATHER

12. Name George Sommer
13. Birthplace Germany
14. Maiden name Anna Braun
15. Birthplace Germany

16. (a) Informant Mrs. Mary Sommer
(b) Address 3508 Juniata

17. (a) Burial (b) Date thereof 2-23-44
(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) FEB 22 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(d) Street No. 3508 Juniata 916
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 19
year 1944 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from Feb 11, 1944 to Feb 19, 1944
that I last saw him alive on Feb 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia
Due to Cold & Pneumonia began about Feb 7, 1944
Due to Chronic myositis
Other conditions
Major findings: none
Of operations: none
Of autopsy: none
Duration: 8 days

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

23. Signature: [Signature] (M.D. or other)
Address: 2923 [Signature] Date signed: 3/22/44

844

1944

See
3737
2-15

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..... *[Handwritten Signature]*.....

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.