

**FILED AUG 28 1948**

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **6917**

**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:  
4750 Maffitt Ave /  
(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  
years, months or days

3. (a) PRINT FULL NAME Charlotte L. Sommerich

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 Fred J Sommerich  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 29 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Niemann

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Krueger

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

16. (a) Informant Harold Sommerich  
(b) Address 4750 Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F Feutz  
(b) Address 4828 Nat Bridge Blvd

19. (a) AUG 8 1948 (Date received local registrar) J. F. Bredack (Registrar's signature)

**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. 4750 M affitt Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 6  
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from July 25, 1946, to Aug 6, 1946  
that I last saw her alive on Aug 6  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from bowel  
Due to Cholera Primary bow  
liver & general abdominal  
Due to intestines  
Other conditions Obstruction of intestine  
(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 0  
23. Signature Albert A. Denk (M. D. or other) \_\_\_\_\_  
Address 7280 Nat Bridge Date signed 8/8/46

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

27925

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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 John A. Melisar  
Licensed Embalmer No. 4186  
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.)

4 If this body is not embalmed, fact should be so stated above.