

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21085

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 120	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. CITY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) _____ c. (Last) Sommer			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 13, 1870	
9. AGE (In years last birthday) 80		10. MONTHS 10		11. DAYS 9		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Henry Sommer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecelia Huellewig, St. Peters, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Chronic Cholelithiasis with cholecystitis Conditions contributing to the death but not related to the disease or condition causing death. 19. DATE OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH 1 day years years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1950 , to June 22, 1951 , that I last saw the deceased alive on June 22, 1951 , and that death occurred at 9:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John L. Kuegel, MD				23b. ADDRESS St. Gallon, Mo.		23c. DATE SIGNED 25 June 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1951		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception		24d. LOCATION (City, town, or county) (State) Dardenne, Mo.	
DATE REC'D BY LOCAL REG. 6-25-51		REGISTRAR'S SIGNATURE Francis Zumbrota		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Stiefvater		ADDRESS St. Peters Mo.	

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

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SEP 22 1951
DISTRICT HEALTH OFFICE No. 4

RECEIVED
JUL - 2 1951

AUG 19 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. A. Keathly

Signed _____
Student Embalmer

Licensed Embalmer No. *822*

P. O. Address _____

Fuller M

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.