

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED AUG 9 1951

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 36076 Registrar's No. 2796

1. PLACE OF DEATH  
a. COUNTY St. Louis 4002  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Clayton c. LENGTH OF STAY (In this place) 6 days  
c. CITY (If outside corporate limits, write RURAL and give township) 30 TOWN Wellston 4301

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospt d. STREET ADDRESS (If rural, give location) 1314 Evergreen Ave

3. NAME OF DECEASED a. (First) CHARLES b. (Middle) B. Sommerlad SOMMERLAD 4. DATE OF DEATH (Month) (Day) (Year) July 30, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Don't know 9. AGE (In years last birthday) About 80 If under 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If under 4 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (State or foreign country) Edwardsville Ills. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Balsor Sommerlad 13b. MOTHER'S MAIDEN NAME Margaret Althaus 14. NAME OF HUSBAND OR WIFE Emma Sommerlad Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 498-18-9756 17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.M. Fields, 115 Juda Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinsonism DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 350X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) St. Louis

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7-24-, 1951, to 7-30-, 1951, that I last saw the deceased alive on 7-30-, 1951, and that death occurred at 12:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Herman C. Reis M.D. 23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo. 23c. DATE SIGNED 7-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 2 1951 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 7/31/51 REGISTRAR'S SIGNATURE Herbert L. Domb... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave

WRITE PLAINLY—USING 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.....

Student Embalmer No. ....

working under my personal supervision. ✓

Student .....

Student Embalmer

Signed.....

*Alfred J. Boedecker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Hudson*

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.