

No. 300  
10.45

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28966

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2940

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u> <u>4009</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>14 hrs</u> <u>STAY (in this place)</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> <u>4051</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Knoll Rest Home</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>Graham Road</u> <u>1</u>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Sommers</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1951</u>       |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>July 15, 1886</u>                            |
| 9. AGE (In years last birthday) <u>65</u>   |                               | 10. KIND OF BUSINESS OR INDUSTRY <u>Seamstress</u>   | 11. BIRTHPLACE (State or foreign country) <u>Parsons, Kansas</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |
| 13a. FATHER'S NAME <u>John T. Wood</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Etta Saffer</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>Adolph Sommers (Dec'd)</u>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  |
| 16. SOCIAL SECURITY NO. <u>486-28-8463</u>  |                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie Bookout, Springfield, Mo.</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                           |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Left Breast</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>170X</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION <u>7-24-1950</u>   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Left breast</u>  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               | 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)   |                               | 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 <u>2-11, 1930</u> , to <u>8-18, 1951</u> , that I last saw the deceased alive on <u>8-17, 1951</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE (Degree or title) <u>M. J. Johnson, M.D.</u>   |                               | 23b. ADDRESS <u>Ferguson, Mo.</u>  |  |
| 23c. DATE SIGNED <u>8-19-1951</u>   |                               |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>Aug. 21, 1951</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>  |                               | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>   |  |
| DATE REC'D BY LOCAL REG. <u>8-20-51</u>   |                               | REGISTRAR'S SIGNATURE <u>Hubert A. Donke M.D.</u>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</u>   |                               |  |  |

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.....

*L. M. White*

Licensed Embalmer No. *3972*

P. O. Address *Ferguson, 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.