

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30438**
7340

FILED AUG 20 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7340**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2204	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) 20 2524 B. North 22nd Street	
3. NAME OF DECEASED (Type or Print) a. (First) Lorraine b. (Middle) Helen c. (Last) Sommers			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1st, 1916
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Illinois.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Harry E. Hunter		13b. MOTHER'S MAIDEN NAME Emma Gilpin	14. NAME OF HUSBAND OR WIFE Lawrence Sommers,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Sommers, 2524 B. North 22nd
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiorespiratory Failure INTERVAL BETWEEN ONSET AND DEATH 3 hrs. ANTECEDENT CAUSES DUE TO (b) Surgical Mediastinal Decompression 5 hrs. DUE TO (c) Carcinomatous Mediastinum Long. Div. 6 Months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Superior Vena Caval Obstruction 3 months	
19a. DATE OF OPERATION 27 Jul 53	19b. MAJOR FINDINGS OF OPERATION Mediastinal Carcinoma infiltrating Rt lung		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 164X	
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 22 Jul, 1953 , to 27 Jul, 1953 , that I last saw the deceased alive on 27 Jul, 1953 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J Ernest Jensen M.D.		23b. ADDRESS 634 N. Grand Blvd	23c. DATE SIGNED 28 Jul 53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. JUL 29 1953	REGISTRAR'S SIGNATURE J Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leinert Und. Co. 2223 St. Louis 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.....
Signature of Student Embalmer

Signed.....
Fred J. Tanner

Licensed Embalmer No. *4788*

P. O. Address.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.