

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-022777**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1517

**FILED MAY 27 1963**

VS 300  
Rev. 4/59

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton (30)</b>		Length of stay in Tb <b>5 Months</b>	c. CITY OR TOWN <b>Sedalia</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Res. 7370 Maryland Ave.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Star Route</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MR. STERLING ERNEST SOMBART</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>8,</b> Year <b>1963</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 8 1905</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country). <b>Booneville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>W. E. Sombart</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura Walz</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby O'Rear Sombart</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mary O. Terry</b>		Address <b>7370 Maryland Ave. (30)</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of throat</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Wadentes Sclerites</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ .a.m. _____ p.m. _____ Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. -I attended the deceased from <b>July 15, 1963</b> to <b>May 8, 1963</b> and last saw him alive on <b>May 1, 1963</b> Death occurred at <b>9:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John P. Dean MD</b>		22b. ADDRESS <b>35 W Central - St Louis</b>	
22c. DATE SIGNED <b>5/9/1963</b>		22d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>	23b. DATE <b>5/8/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		24. FUNERAL DIRECTOR <b>Alexander &amp; Sons</b>	
ADDRESS <b>6175 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>5-9-63</b>	
26. REGISTRAR'S SIGNATURE <b>John P. Dean MD</b>			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Sim Beam  
35 N. Central Ave.

MAY 28 1968

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 Alexander J. [Signature]  
by James V. Alexander  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

**NO EMBALMING**

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.

Alexander J. [Signature]