

Sommers, Charles J. 1881 - 1953

Unidentified Newspaper Obit

SOMMERS, Charles J., Sunday, January 4, 1953, at 11:45 a.m., in his 72d year. Beloved brother of Mrs. J. P. (Carrie) Tygret and Mrs. Frank (Julia) Thome of Cincinnati, Ohio; Mrs. Otto (Anna) Yount and Frank Sommers of Cropper, Ky.; Mrs. Charles (Theresa) Zettlemaier of San Antonio, Tex., and Anthony J. Sommers of Louisville. Remains at John W. Manning & Sons Funeral Home, 612-614 W. Broadway. Funeral Tuesday, January 6, at the chapel at 8:30 a.m. and at Holy Cross Church at 9 o'clock. Interment in St. Michael Cemetery.

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Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		Department of Health		FILE NO. 116 53 372	
FEDERAL SECURITY AGENCY		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. 614	
U. S. PUBLIC HEALTH SERVICE		NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		Registration District No. 755 / Primary Registration District No. 2275	
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Kentucky b. COUNTY Jefferson		b. CITY OR TOWN Louisville		c. LENGTH OF STAY (to this place) 50-2	
b. CITY OR TOWN Louisville		c. CITY OR TOWN Louisville		d. FULL NAME OF HOSPITAL OR INSTITUTION Leoran Manning Home		d. STREET ADDRESS First + Breckinridge	
3. NAME OF DECEASED a. (First) Charles J. Sommers		b. (Middle)		c. (Last)		4. DATE OF DEATH Jan 4 1953	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) Single		8. DATE OF BIRTH July 6 1881	
9. AGE (In years, last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cigar maker		11. BIRTHPLACE (State or foreign country) Shaheen, Austria		12. CITIZEN OF WHAT COUNTRY? Austria	
13. FATHER'S NAME Rudolph Sommers		14. MOTHER'S MAIDEN NAME Barbara Gumpfs		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. 33	
17. INFORMANT Anthony J. Sommers		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, pneumonia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES DUE TO (b) w/ Metastasis DUE TO (c) Biopsy of Liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X - 046-14		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 P.M. from the causes and on the date stated above.							
23a. DATE SIGNED 1/6/53		23b. ADDRESS Fiscal Court Bldg		23c. SIGNATURE (Name, Title, and Address) (Degree or Title) J. H. Sommers, Jr., Registrar		23d. LOCATION (City, town, or county) (State) Louisville Ky	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY St Michaels Cemetery		24d. LOCATION (City, town, or county) (State) Louisville Ky	
25a. REGISTRAR'S SIGNATURE Angela Hendricks		25b. REGISTRAR'S ADDRESS		25c. FUNERAL DIRECTOR John W. Manning & Sons		25d. ADDRESS 612-14 W. Derby	