

Unidentified Newspaper 1942

**SOMMERS**—Marie Theresa, Thursday, September 3, 1942, at 7:25 a.m., in her fifty-third year, at the residence, 3028 Greenwood Ave. Beloved wife of John Sommers, daughter of Mrs. Katherine Tillman, sister of Mrs. Josephine Shaw, Mrs. Helen Stewart, Mrs. Rose Yaffee, Mrs. Katherine Watson, Mrs. Frances Gray, Joseph, Albert and Anthony Tillman. Remains at Manning Funeral Home, 612 W. Broadway. Funeral Saturday, September 5, from the chapel at 8:30 a.m. and from Holy Cross Church at 9 o'clock. Interment in St. Michael Cemetery. The Legion of Mary will assemble at the funeral home Friday evening at 8 p.m. to recite the rosary.

Sommers, Marie Theresa Tillman 1890 - 1942

Form V. B. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 3839  
Registrar's No. 20172

Registration District No. 755 Primary Registration District No. 8275

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Louisville  
(c) Name of hospital or institution 3028 Greenwood  
(d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Jefferson  
(c) City or town Louisville  
(d) Street No. 3028 Greenwood Ave.  
(e) If foreign born, how long in U. S. \_\_\_\_\_ years

3(a) FULL NAME Marie Theresa Sommers  
3(b) If veteran, \_\_\_\_\_ Name war \_\_\_\_\_ No. \_\_\_\_\_  
3(c) Social Security No. \_\_\_\_\_

4. Female 5. Color or race White 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife John Sommers  
6(c) Age of husband or wife if alive 45 Years

7. Birth date of deceased May 16 - 1890  
(Month) (Day) (Year)

8. AGE: Years 32 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Louisville Ky

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Joseph Tillman  
13. Birthplace France

MOTHER { 14. Maiden name Katherine Hemming  
15. Birthplace Louisville Ky

16(a) Informant's own signature John Sommers  
(b) Address 3028 Greenwood Ave

17. BURIAL, CREMATION, OR REMOVAL  
Place St. Michael's Cemetery Date Sept 5, 1942

18(a) Signature of funeral director John M. Manning  
(b) Address Lois

19(a) SEP 10 1942 (Date received by local registrar) (b) N. W. Ferguson (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH Sept 3 - 1942  
21. I hereby certify that I attended the deceased from 4-12-1942 to 9-3-1942 that I last saw him alive on 9-3-1942 and that death occurred on the date stated above at 7:05 A M.  
Immediate cause of death Carcinoma of Uterus with Metastasis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: no  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Clinton C. Cook M.D.  
Address 2501 Grand Date signed 9-8-42

8370  
10-27-48  
8914  
11-21-51