

*Sommers, Rudolph 1887 -1949*



**Rudy Sommers**



**Rudy Sommers**



**Mary "Mayme" Schultz Sommers & Rudy Sommers**

Louisville Courier Journal – March 19, 1949

## Rudy Sommers Dies

Rudy Sommers, former southpaw pitcher with the Louisville Colonels who also made several excursions into the major leagues, died yesterday morning at 7 o'clock at his home at 612 East Barbee. Death was due to an illness resulting from a blood ailment. He was 62 years old.

Sommers was ill about five weeks before he died and up until the time he was taken sick he was employed as a molder at the B. F. Avery Company here.

Funeral services will be held at the Heady Funeral Home Monday at 8:30 and services will be held at Our Mother of Sorrows Church at 9. Burial will be in Calvary Cemetery.

Sommers played his last professional baseball with the Colonels in 1928. Besides his service with the Colonels, he also played for several years with the Columbus Red Birds. In the majors he was with the Boston Red Sox and the Brooklyn Dodgers.

In between his contracts with professional teams, he played several times with the Chattanooga Choo-Choos.

Sommers was born in Louisville and maintained his home here throughout his career. Survivors are his wife, Mrs. Stella Sommers and three daughters, Mrs. Ruby Cook, living at 632 North 27th Street; Mrs. Doris Lillie at the same address and Mrs. Louise Moran of Del Monte, Calif.

SOMMERS, Mr. Rudy, passed away in his 64th year, Friday, March 18, 1949, at 6:50 a.m. Family residence, 612 E. Barbee. Beloved husband of Mrs. Stella Thomas Sommers; devoted father of Mrs. Louise Moran, Mrs. Ruby Cook, Mrs. Doris Lillie; also survived by stepson, Mr. Earl Cambron; his sisters, Mrs. Theresa Zettlemeier, Mrs. Anna Yount, Mrs. Julia Thome, Mrs. Carrie Tygart; his brothers, Mr. Charles Anthony and Frank Sommers, and 15 grandchildren. Services for Mr. Sommers will be held at 8:30 a.m. Monday in the Arch L. Heady Funeral Home, Oak and Schiller Ave., and in Our Mother of Sorrows Church at 9 o'clock. Interment in Calvary Cemetery.



Sommers, Rudolph 1887 -1949

Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		<b>COMMONWEALTH OF KENTUCKY</b> Department of Health BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>		State File No. <u>5477</u> Registrar's No. <u>1537</u> <b>6101</b> <del>8</del>
Registration District No. <u>755</u>		Primary Registration District No. <u>8</u>		
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jefferson</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ladysburg Twp.</u> c. LENGTH OF STAY (in this place) <u>1-1-1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Central State Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Jeff.</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Louisville</u> d. STREET ADDRESS (If rural, give location) <u>71-2 617 E. Barker</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Rudolph</u> b. (Middle) <u>Sommers</u> c. (Last) <u>Sommers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1885</u>	
9. AGE (In years, Months, Days, Hours, Min.) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>3</u>
11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Rudolph Sommers</u>		14. MOTHER'S MAIDEN NAME <u>Barbara ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with cerebral arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2044 - 74 A</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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>Jan. 23, 1949</u> to <u>Mar. 18, 1949</u> that I last saw the deceased alive on <u>Mar. 17, 1949</u> and that death occurred at <u>8 a.m.</u> from the causes and on the date stated above.				
23a. DATE SIGNED		23b. ADDRESS		23c. SIGNATURE (Degree or title) <u>John Wilson M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-21-49</u>	24c. NAME OF CEMETERY OR CREAMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Louisville, Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>MAR 31 1949</u>		25b. REGISTRAR'S SIGNATURE <u>Regina Murphy</u>		26. FUNERAL DIRECTOR <u>H. Heady Son - Kan. Ky.</u>