

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10452

1. PLACE OF DEATH: County St. Louis Registration District No. 785
 Township Meramec Primary Registration District No. 6032
 City _____ St. _____ Ward _____

2. FULL NAME Albert Summers
 (a) Residence, No. Diecke mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
52 | 2 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Summers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Dalphine Lavigne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
 (STATE OR COUNTRY) _____

14. INFORMANT John Summers
 (Address) Wally Park mo.

15. FILED 4/10/28 C. E. Barrett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Mar 22, 1928, that I last saw h. h. h. h. h. alive on Mar 22, 1928, and that death occurred, on the date stated above, at 10145A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

2 1/2 (duration) yrs. 6 mos. _____ da.

CONTRIBUTORY (SECONDARY) Suppuration
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) F. P. Damm, M. D.

Mar 22, 1928 (Address) Wally Park mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 3/23 1928

20. UNDERTAKER Cullman Bros. ADDRESS 1710 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-1928

