

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

Do not use this space.

3571

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No.) St. Ward)

File No.
Registered No. 153

2. FULL NAME

John Cummins
(a) Residence No. 1227 1/2 St. 22 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) April 12 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>8</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Leather Co
9. BIRTHPLACE (CITY OR TOWN) Welford
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER William Cummins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Welford
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ann Gordon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Welford
(STATE OR COUNTRY) Ireland

14. INFORMANT Jasie Cummins
(Address) 1227 1/2 St. 22

15. FILED -- 1929 May 1 1929 Wm C. Stankert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from
1929, to Jan 3, 1929
that I last saw him alive on January 3, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Right lobe Pneumonia
chronic Myocarditis
108
936
(duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1/1/1
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? N.O. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physical Diagnosis
(Signed) Thomas P. St. John M. D.
, 19 (Address) Metropolitan Bldg. St. Louis

*State the DISEASE CAUSING DEATH, on 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 Cemetery DATE OF BURIAL Jan 5 1929

20. UNDERTAKER Wm. P. Collins ADDRESS 218 1/2 Grand

WRITE IN PENCIL, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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