

WRITE PLAINLY, 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.

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

Do not use this space.

10617

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 4920 Farlin Ave.) St. .... Ward .....

File No. ....  
Registered No. 2684  
St. .... Ward .....

2. FULL NAME

Robert E. Cummins  
(s) Residence, No. 4920 Farlin Ave. St. 7 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esther Cummins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27 1849</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>
	DAYS <u>22</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plasterer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation. <u>46</u> <u>43</u> <u>27</u>

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9- 1931 to 3-19- 1932  
I last saw him live on 3-19- 1932. Death is said to have occurred on the date stated above, at 6 a. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Sigmoid Arterio-sclerosis Myocarditis, Chr.  
Other contributor causes of importance:  
46  
43  
27

Name of operation none Date of .....  
What test confirmed diagnosis Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify E. A. Lusche, M. D.  
(Signed) E. A. Lusche  
(Address) 4885 Natural Bridge

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>Not Known</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S.</u>
	15. MAIDEN NAME <u>Not Known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S.</u>
	17. INFORMANT <u>Mrs E. Fitcher</u> (ADDRESS) <u>4920 Farlin Ave</u>
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Peters</u> DATE <u>March 1932</u>
	19. UNDERTAKER <u>Wm. F. Paschida</u> (ADDRESS) <u>2825 7th St. St. Louis</u>
	20. FILED <u>21 1932</u> Registrar

