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

Do not use this space.

File No. 24016
Registered No.

1. PLACE OF DEATH
96 County St. Louis
2 Township Central
7 City Clayton
Registration District No. 790
Primary Registration District No. 6033
(No. St. Louis County Hospital St. Ward)

2. FULL NAME (Infant) Summers
(a) Residence. No. 924 Central Ave., St., Ward. Carondolet Twship. St. Louis County
(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.

AUG 27 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
- - - -	- - -	- -	2 hrs. 15 min.

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

9. BIRTHPLACE (CITY OR TOWN) South Webster,
(STATE OR COUNTRY) Carondolet Twsp. Mo.

PARENTS
10. NAME OF FATHER Mason Summers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vincennes,
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Violet Ruth Keller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Webster Groves,
(STATE OR COUNTRY) Missouri

14. INFORMANT Mason Summers (father)
(Address) R.R. #6 Webster Groves, Mo.

15. FILED July 19 1932 R. W. Bullman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 18, 1932 that I last saw h. alive on July 18, 1932, and that death occurred, on the date stated above, at 9:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Infant
157 / 154
(duration) yrs. mos. ½ ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) E. O. Buckenmeyer, M. D.
7/18, 1932 (Address) Maplewood 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 Kirkwood, Mo. Oak Hill Cemetery
DATE OF BURIAL July 19 1932

20. UNDERTAKER Allen W. McLaughlin
ADDRESS 23 W Lockwood Webster Groves Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V.S. No. 2.