

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

Do not use this space.

41300

1. PLACE OF DEATH
 County St Charles Registration District No. 760
 Township Pardeme Primary Registration District No. 6001
 City (No. St. Ward)

File No. _____
 Registered No. 56

2. FULL NAME Frank Henry Summers
 (a) Residence, No. 760 St. R - V 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 <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Annie Summers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11 - 1859</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>1</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles Co. Mo.</u>		
13. NAME <u>Anton Summers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Hoppe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Henry Summers</u> (ADDRESS) <u>Wentzville Mo. R - V</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul Mo.</u> DATE <u>Dec 19 1932</u>		
19. UNDERTAKER <u>Eckel</u> (ADDRESS) <u>760</u>		
20. FILED <u>12/20 1932</u> <u>McCaldwell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9 1927 to Dec 1 1932
 I last saw him alive on Dec 15 1932. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Brights Date of onset _____
Acute Interstitial Nephritis _____
Chronic Nephritis _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Urinal 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 _____
 (Signed) R. H. Rosemeyer M. D.
 (Address) 701 Fulton Mo

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.

