

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

8693  
Do not use this space.

REC'D APR 1 1938

2  
1

891

Registered No. 2282

**1. PLACE OF DEATH**

(a) County ..... Registration District No. 891  
 (b) Township ..... Primary Registration District No. 1008  
 (c) City ST. LOUIS (d) Street No. 5138 PAGE BLVD St. 5  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** MARGARET A. CUMMINS. 552

(a) Residence, No. 5138 PAGE BLVD. St. 5  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 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 SINGLE  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 7 1868  
 7. AGE YEARS 69 MONTHS 8 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 6

FATHER 13. NAME RICHARD CUMMINS 5  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND. 5

MOTHER 15. MAIDEN NAME ALICE O'BRIEN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT PHILLIP CUMMINS  
 (ADDRESS) 5138 PAGE BLVD.

18. BURIAL, CREMATION, OR REMOVAL. PLACE CALVARY. DATE MARCH 8 1938

19. FUNERAL DIRECTOR LAWRENCE M. MULLEN  
 (ADDRESS) 5165 DELMAR BLVD.

20. FILED MAR 7 1938 J. B. Brudick

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 6 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 1/24 1936 to 3/6 1938  
 I last saw her alive on 3/5 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia (D. Lousis) labor 2/24/38  
Pneumonia c. c. c. 1 y. p. 3  
 Date of onset

Other contributory causes of importance;  
chronic myocarditis ?  
chronic nephritis ?

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical findings 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 1

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify Thomas J. Lawton M. D.  
 (Signed) Thomas J. Lawton (Address) 2743 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.

**STATEMENT BY LICENSED EMBALMER**

I, John Fetter, Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed John Fetter  
Licensed Embalmer No. 3880

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**