MAY 21 1938 REC'D JUN 7 1938

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

19524
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City ~~St. Louis~~ Rich Hyts
(d) Street No. St. Marys Hospital. St.
(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.

Registration District No. 78
Primary Registration District No. 111
Registered No. 891

2. PRINT FULL NAME Constantine S. Cummings. 552
(a) Residence, No. 4545 Lindell Blvd. St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose O. Cummings.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13, 1872.

7. AGE: YEARS 65 | MONTHS 6 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Attorney.
9. Industry or business in which work was done, as 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): St. Louis. 0

FATHER
13. NAME: John K. Cumming 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 0

MOTHER
15. MAIDEN NAME: Annie Mullen.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): Rose O. Cummings. 4545 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 5-23-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly. 3840 Lindell Blvd.

20. FILED MAY 21 1938, 19 T. R. Mey W. M. O. Dr. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 20, 1938
I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma left	?
Metastasis left lung	3-20-38
Other contributory causes of importance: Diabetes mellitus 47	?

Name of operation: Thoracotomy Date of: 5-16-38
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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. A. Kinsella M. D.
(Address) 415 Beaumont Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Stanley Marchlowski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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

If this body is not embalmed, above space should be left blank.