

REC'D DEC 12 1938

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

37794
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **1144 Hamilton, Ave.** St. **10121**
(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 **3** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ⁵⁶⁰ **Joseph Edgar Summers**

(a) Residence, No. **1144 Hamilton, Ave.** St. **5** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Nancy Summers**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15/1863**
7. AGE YEARS **75** MONTHS **5** DAYS **7** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
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) **March 1938** 11. Total time (years) present in this occupation **45 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Huntsville** (STATE OR COUNTRY) **Missouri**

13. NAME **Wm. P. Summers**

14. BIRTHPLACE (CITY OR TOWN) **Huntsville** (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Anne Francois Gunn**

16. BIRTHPLACE (CITY OR TOWN) **Huntsville** (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mrs. H. D. Reed**
Eolia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE **Huntsville, Missouri** DATE **Nov. 24/38**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.** (ADDRESS) **4700 Washington Blvd.**

20. FILED **12** 19 **38**
J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 22/1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 17/1938** to **Nov. 21/1938**
I last saw him alive on **Nov. 21/1938**. Death is said to have occurred on the date stated above, at **7:00 a.m.**

The principal cause of death and related causes of importance were as follows:

Generalized Cardiovascular - renal sclerosis (arterio sclerosis) 10 yrs(?)

Other contributory causes of importance: **Nephritis 131**

Name of operation Date of
What test confirmed diagnosis? 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 **Ang. C. Berner, M. D.** (Signed) **Humboldt, Mo.** (Address)

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 *J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4707 Washington*

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.)

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