APR 14 1939 MAY 11 1939

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

16196
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township or City Carondelet — Primary Registration District No. 200 — Registered No. 669
(c) City Jefferson Barracks (d) Street No. Veterans Facility 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John V. Sumner
(a) Residence, No. St. Bridgeport, Illinois
(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 Mrs. Josephine Sumner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1855
7. AGE: Years 83 — Months 8 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Sumner, (STATE OR COUNTRY) Illinois

FATHER
13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk, Jefferson (ADDRESS) Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE April 15 1939
19. FUNERAL DIRECTOR (NAME) C. Hofmeister U. & L. Co. (ADDRESS) 7814 S. Broadway
20. FILED APR 14 1939 F. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from August 11, 1937, to April 12, 1939
I last saw him alive on April 12, 1939 Death is said to have occurred on the date stated above, at 7:08 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general (senile) with myocardial degeneration and cerebral involvement.	Unkn.
Other contributory causes of importance: Valvular Heart Disease, mitral insufficiency.	Unkn.

926

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and lab. 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?
If so, specify
(Signed) C. V. HUGHES, Chief Med. Officer, M. D.
(Address) VAF. Jefferson Barracks, Mo.

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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