

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

Do not use this space.

43897

1. PLACE OF DEATH

County Jackson
Township Monroe
City St. Louis (No. _____)

Registration District No. 492
Primary Registration District No. 5652 A

File No. 36
Registered No. _____
St. _____ Ward _____

2. FULL NAME Claude Summers

(a) Residence, No. 2626 Palm Ave St. _____ Ward _____
(Usual place of abode) St. Louis Mo. (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 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 Mary Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 47 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe worker

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) Oct 12 1939 11. Total time (years) spent in this occupation _____

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

13. NAME Arthur Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT George Summers
(ADDRESS) 15th St. St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamidale DATE _____

19. UNDERTAKER Geo. O'Connell
(ADDRESS) Hamidale

20. FILED 1939 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1939

22. I HEREBY CERTIFY, That I attended deceased Dec 18 1939, to _____, 19____

First saw him _____ since on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 P. M.

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

accidental drowning as found by coroner's jury. Date of onset _____

Other contributory causes of importance: 1870

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident 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. ind

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) [Signature] M. D.
(Address) St. Louis Mo.

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.

