

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8694**

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **2177**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5310 A - Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Anne Merritt Cummings**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____
alive _____ years

7. Birth date of deceased **August 13 - 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 17 hr. min.

9. Birthplace **Bay City Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired School Teacher**

11. Industry or business **Principal**

12. Name **Alphonso Cummings**

13. Birthplace **Scio New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Aurel Merritt**

15. Birthplace **Vermont**
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address **B.G. Coyle - 5310 A - Maple Ave**

17. (a) **Cremation** (b) Date thereof **3-4-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crem.**

18. (a) Signature of funeral director **C. R. Dutton & Sons**

(b) Address **#7233 Delmar Blvd.**

19. (a) **MAR 4 1940** (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5310 A - Maple Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **2nd**
year **1940** hour _____ minute **5:00**

21. I hereby certify that I attended the deceased from **Jan 29** 1940 to **Mar 1st** 1940
that I last saw her alive on **Mar 1st** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus**

Metastasis in Liver and Lungs

Other conditions **None**
(include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **no**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (e) Means of injury _____

23. Signature **C. R. Dutton** (M. D. or dentist)
Address **9127 Page Blvd** Date signed **3/2/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 24 1948

2172

2172

CA - 1010

6122 Page
3.4 P.M.

J. Roy Compton - M.D.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo.

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.