No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30649 7926

Registration District No. 791 - 1003 Primary Registration District No. Registrar's No.

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: 4331 S. Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4431 S. Grand Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Keturah Belle Summers

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife A. J. Summers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 15 (Day) 1869 (Year)

8. AGE: Years 71 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Foley (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Jake James

13. Birthplace Davenport (City, town, or county) Indiana (State or foreign country)

14. Maiden name Lenora King

15. Birthplace New Hope (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Erma Brinkop

(b) Address 4331 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Foley, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 23 1940 (Date received by local registrar) (b) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23 year 1940 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the left femur

Due to Arteriosclerosis

Due to Suffered when deceased fell at her home 4431 So Grand Blvd on Sept 23

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1940 - exact time — unknown

Of autopsy

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) Accident

(b) Date of occurrence 9/23/40

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Joseph McGuire (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.