

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12529**

FILED MAY 14 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2959**

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

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: **City Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 weeks**
In this community **29 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lydia Cummings**
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 **Andrew Cummings** 6. (c) Age of husband or wife if alive **Nil** years

7. Birth date of deceased **March 7 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 25 hr. min.

9. Birthplace **Fieldon Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housework**

12. Name **Unknown Johnson**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Alpha Cummings**

(b) Address **3919 N. Florissant**

17. (a) **Burial** (b) Date thereof **April 5/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **3934 N. 20th St.**

19. (a) **APR - 4 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **269**
(If outside city or town limits, write "RURAL")
(d) Street No. **3919 N. Florissant**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **Physician 0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**
year **1941** hour **9** minute **10 P.** 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 Right Femur**
Atherosclerosis suffered when deceased fell in her home
3919 N. Florissant Ave on
Due Oct 12 1940 about 12:00 am

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **186a**
Of operations _____
Of autopsy **18**

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 **Oct 12, 1940**
(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

While at work? _____ (Specify type of place)
(e) Means of injury **R**

23. Signature **Thomas J Callan** (M. D. or other)
Address **Deputy Coroner** Date signed **4/4/41**

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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie

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, fact should be so stated above.