

No. 2
4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **30079**
Registrar's No. **7418**

FILLED OCT 18 1941
Registration District No. **791**

Primary Registration District No. **1003**

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1. day**
(Specify whether years, months or days) **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis Garden Hill**
(If outside city or town limits, write "RURAL")
(d) Street No. **8225 Mc Gee St**
(If rural, give location) **N.R.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Preston T Sumner Jr**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** **White** 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 if alive _____ years

7. Birth date of deceased **May 3 1940**
(Month) (Day) (Year)

8. AGE: Years **1** Months **4** Days **9** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Preston T Sumner**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Marion E Pettigrew**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Preston T Sumner**

(b) Address **8225 Mc Gee Ave**

17. (a) **Burial** (b) Date thereof **9-15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **A. Brown**

(b) Address **2707 Grand Blvd**

19. (a) **SEP 14 1941** (b) **J. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12** year **1941** hour **9** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept 10 1941** to **Sept 12 1941**
that I last saw him alive on **9 P.M. Sept 19 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure due to Thyroid enlargement upon respiratory infection of pneumonia**
Due to _____
Due to _____

Other conditions **No def heart disease**
(Include pregnancy within 3 months of death)

Major findings: Of operations **67**
Of autopsy **67**

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? _____ (Specify type of place) (b) Means of injury _____
23. Signature **P. O. Payne** (M. D. or other) **0**
Address **W. H. ...** Date signed **9/14/41**

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: *Paul H. Krockenberg*

Licensed Embalmer No: *3431*

P. O. Address: *2707 N. ...*

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.