

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
 FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 33195  
 8150  
 Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3929 A Finney Ave. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 5 months  
 years, months or days

3. (a) PRINT FULL NAME Edythe La Vaughn Summers

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored 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 20th 1941  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 4 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business John Summers

12. Name \_\_\_\_\_

13. Birthplace Tenn. \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Marthe Graden

15. Birthplace Missouri \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Summers

(b) Address 3929 A Finney Ave.

17. (a) Burial (b) Date thereof Oct 14 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) OCT 14 1941 (b) J. Z. Bredeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No 3929 A Finney Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th  
 year 1941 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Subdural Hemorrhage of the Brain, when she was struck over the head with a hammer in the hands of one John L. Summers, Jr. 2 years old (Col.)  
 Due to in the home at 3929a Finney Ave. about 7:00 o'clock P.M., October 11,

Other conditions 1941.  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 October 11, 1941

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

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

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury hammer

23. Signature James J. [illegible] (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

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.