

FILED MAR 17 1942 79 STANDARD CERTIFICATE OF DEATH

State File No. 4235

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 1730

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FANNIE CUMMINS

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 Married  
 6. (b) Name of husband or wife David Cummins 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Abt. 53  
Months Days If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business Housewife

12. Name Morris Horwitz

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

14. Maiden name Bessie

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

16. (a) Informant Maurice Cummins

(b) Address 3355 Lawn

17. (a) Burial (b) Date thereof 2-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herbandler

(b) Address 4469 Washington

19. (a) FEB 25 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County 25999  
 (c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1330 N. 14th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 23  
 year 1942 hour 6 P. minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 11  
1942 to Feb 23 1942  
 that I last saw her alive on Feb 21 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
 Duration 2 1/2 hours

Due to Cardiomegaly of heart  
Indistinct cardiomegaly 2 years  
 Due to to lungs

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Cardiomegaly  
 Of operations of breast  
 Of autopsy None

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) no  
 (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?  
no injury  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury None

23. Signature May Rosemary (M. D. or other) \_\_\_\_\_  
 Address 607 Maple St. Date signed 2/25/42

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

MOTHER FATHER

**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 *H. G. Penhollow*  
Licensed Embalmer No. *3669*  
P. O. Address.....

**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.**