

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:
4258 Russell ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
15 yrs.
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Charles U. Cummings**

3. (b) If veteran, name war **World was 1918** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carlotta Cummings** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **February 28 1886**
(Month) (Day) (Year)

8. AGE: Years **56** Months **1** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **New York New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Carlotta Cummings**
(b) Address **4258 Russell ave.**

17. (a) **Burial** (b) Date thereof **April 3, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**
(a) Signature of funeral director **J. F. Bledeck**
(b) Address **7814 S. Broadway**

19. (a) **APR 3 1942** (b) **J. F. Bledeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17. 100**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4258 Russell ave.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1942** hour **2** minute **43p.** M.

21. I hereby certify that I attended the deceased from **June 14 1937** to **March 31 1942**
that I last saw him alive on **March 31 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage**
(Haemophilia)
Due to **Ch. Hypertension** Duration **13 days**
5 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) **93**
110

Major findings: Of operations **none**
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) _____
(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) (e) Means of injury _____
23. Signature **Edouard Bonnat** (M. D. or other) _____
Address **1504 So Grand 130** Date signed **4-1-42**

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.....

Frank J. Swann

Licensed Embalmer No. *2245*

P. O. Address *St Louis Mo.*

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.