S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15661

Registration District No. 734 Primary Registration District No. 300 Registrar's No. 914

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Berliner Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-days (Specify whether years, months or days)
In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 600
(c) City or town: St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 4350 Maryland Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sarah Cummings
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: (W) S.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Unk. (Month) Unk. (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
82	Unk.	Unk.	hr. min.

9. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER
12. Name: John Cummings 6
13. Birthplace: Ireland 7 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Unknown
15. Birthplace: Ireland 11 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. James H. Mason
(b) Address: 1906 Pine Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-25-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.
19. (a) APR 24 1942 (Date received by registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1942 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12/29 1941 to 12/30 1941 that I last saw her alive on 12/30/41 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	
Due to Advanced age & fractured left femur at hip joint	
Due to Weakness following pneumonia while confined in City Hospital for fractured hip	
Other conditions (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): 96
(b) Date of occurrence: 12/29/42
(c) Where did injury occur? Rooming House 4350 Maryland (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rooming House 4350 Maryland (Specify type of place)
While at work? (e) Means of injury: Fall
23. Signature: (M. D. or other)
Address: 5938 Kingsbury Date signed: 7/24/42

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(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.