

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

16718

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH  
1003

State File No. ....

FILED JUN 15 1942 791

Primary Registration District No. ....

Registrar's No. 4883

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

1. PLACE OF DEATH:

(a) County .....

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 4 hrs.  
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 Walnut  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Ella Summer

3. (b) If veteran, name war .....

3. (c) Social Security No. 489-10-9289A

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive 11 years (Day) (Year)

7. Birth date of deceased Oct. 11 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31, year 1942 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 30, 19 42 to May 31, 19 42  
and that death occurred on the date and hour stated above.

that I last saw her alive on May 31, 19 42

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>20</u>	hr. min.

Immediate cause of death  
Malignant Hypertension  
Carcinoma of breast (left)

Due to .....

Due to .....

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

Duration Unknown

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

10. Usual occupation Tobacco Worker

11. Industry or business .....

MOTHER, FATHER { 12. Name Tom Summer

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

14. Maiden name Bydia Neal

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

16. (a) Informant May Johnson

(b) Address 2717 Walnut St.

17. (a) Burial (b) Date thereof June 5 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Russell Undt, Co.

(b) Address 2732 Pine Street

19. (a) JUN 4 1942 (b) J. P. Bruck  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations .....

Of autopsy .....

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 M. A. Sanders (M. D. or other) .....

Address 2601 Whittier Date signed 6-1-42

(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Joel Russell*

Licensed Embalmer No.....

*4112*

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.**