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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28261

Registration District No. FILED SEP 8 1984

Primary Registration District No. 200

Registrar's No. 1681

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ellisville, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Copley Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St, Louis 96

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 115 E. South Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred Summers

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 19, 1911 (Month) (Day) (Year)

8. AGE: Years 31 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name George Summers
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Edna Sweet
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mary Becker
(b) Address West Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Winona, Missouri

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) AUG 10 1942 (Date received by Registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9 year 1942 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4-14-42, 19, to 7-31-42, 19, that I last saw him alive on 7-31-42, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Indefinite.	
Due to Paralysis lower extremities	10 yrs.
Paralysis bladder & rectum	10 yrs.
Due to Decubitus ulcer	5 MO.
Bilateral Kidney Stones	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 8 3 a 1
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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. W. Fromeller (M. D. or other)
Address St. Louis Co. Hosp. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1942

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 Oliver E. Fendler

Licensed Embalmer No. 4148

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.