S. No. 2
—1-4-41
5-17-39
I X26390

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. 4830

FILED FEB 18 1943

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 1228

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6420 Bradley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 93
(If outside city or town limits, write "RURAL")

(d) Street No. 6420 Bradley
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Valentine Thompson Summers

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Alice

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

7. Birth date of deceased Jan (Month) 10 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	26	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John L Summers
13. Birthplace Franklin County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Cole
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Freber
(b) Address 6520 Bradley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Reed's Cemetery Catawissa, Mo.

18. (a) Signature of funeral director C. Hoffmann & Co.
(b) Address 6464 Chippewa St. Louis, Mo.

19. (a) FEB 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day February year 1943 hour 9 minute 15 a.M.

21. I hereby certify that I attended the deceased from Oct 12, 1940 to Jan 6, 1943; that I last saw him alive on 2-6-43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcoma Stomach	
Due to	
Due to	
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)

(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

23. Signature P B Cappel (M.D. or other) MD

Address 3284 Ivanhoe Date signed 2-6-43

(Licensed Embalmer's Statement on Reverse Side)

Dr P B Chappel
3284 Ivanhoe (Office)
27 Old Wesburg Lane (R

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 6464 Chippewa

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.