

FILED JAN 20 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 187

## 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:  
Residence: 4512 Westminster Pl.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME LOUISE SUMNER.

3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Augustus Sumner.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 24th 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

## 11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name M. C. Butler  
 13. Birthplace Hingham Mass.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Pontius.  
 15. Birthplace Petersburg Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ducorron.  
 (b) Address 4512 Westminster  
 17. (a) removal (b) Date thereof 1-7-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Collinsville, Ill.

18. (a) Signature of funeral director C. R. Lupton & Sons.  
 (b) Address 7233 Delmar Blvd.

19. (a) JAN 7 1944 (b) J. J. Budek  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4512 Westminster Pl.  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th  
 year 1944 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan - 4 - 1944 to Jan - 6 - 1944  
 that I last saw him alive on Jan - 6 - 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo - Cardia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions See notes  
 (Include pregnancy within 3 months of death)

## 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)  
 (c) Means of injury \_\_\_\_\_

23. Signature J. J. Budek (M. D. or other) \_\_\_\_\_

Address 4923 Delmar Date signed 1-6-44

## 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.....

*Bradford A. Miles*

Licensed Embalmer No. ....

*2901*

P. O. Address.....

*University City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**