

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1447

1. PLACE OF DEATH: 318
 (a) County St. Louis
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 4044 Olive St.
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 4044 Olive St. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daniel John P. Summers
 3. (b) If veteran, name war. None
 3. (c) Social Security No. 451-10-2725

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 14 year 1944 hour 4 minute 05 AM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 4 1888
 (Month) (Day) (Year)

Immediate cause of death
 Chronic Interstitial Nephritis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years 55 Months 8 28 10 Days If less than one day hr. min.

9. Birthplace Buckingham, Wheeling, West Va. (City, town, or county) (State or foreign country)
 10. Occupation Contractor
 11. Industry or business _____

Duration
 Physician
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name George J. Summers
 13. Birthplace Buckingham Virginia (City, town, or county) (State or foreign country)
 14. Maiden name Jesse Belle Brown
 15. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Paul J. Summers
 (b) Address 4044 Olive St.
 17. (a) Burial (b) Date thereof 2-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

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) (e) Means of injury _____

18. (a) Signature of funeral director Albert H. Hoppe, Jr.
 (b) Address 184700 Washington Blvd.
 19. (a) FEB 14 1944 (b) J. T. Boudock (Registrar's signature)
 (Date received local registrar)

23. Signature Thomas J. Calloway
 Address Deputy Coroner Date 2-14-44

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

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MOTHER FATHER
 can be all
 can be all

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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No. _____
Local Registrar's No. 1447

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of March, 1944, before me appears
Mr. Paul J. Summers, who, upon his oath, states that the original record of ^{birth} death
for John D. Summers died Feb. 14th, 1944, in the State of
Missouri, and which was filed at St. Louis, Mo. on Feb. 14th, 1944, should be corrected as follows:

Item No. 3a should read John Daniel Summers

Instead of John D. Summers

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

P. J. Summers Brother
Relationship.

4527 Audubon Ave., St. Louis Mo.
Present Address.

Subscribed and sworn to before me this 14 day of March, 1944.

My Commission expires Commission Expires March 4, 1945 Paul Padlock Notary Public.

Wife of J. J. Summers
6-4-1868

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis } ss.
County of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. I447

On this 25 day of February, 1944, before me appears
Harry L. Summers, who, upon his oath, states that the original record of ~~birth~~ death
for John D. Summers, died 2-14-1944, 19...., in the State of
Missouri, and which was filed at ~~X MOXX~~ on, 19...., should be corrected as follows:

Item No. 7 should read FEBRUARY

Instead of

Item No. 7 should read August 4-1888

Instead of August 16-1888

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Harry L. Summers Brother
x Affiant Harry L. Summers Relationship.

4165 Washington Ave
Present Address.

Subscribed and sworn to before me this 25 day of Feb., 1944.

My Commission expires March 4, 1945 Gene Padgett Notary Public.

*Corrected
g. 25-44*

West Virginia.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

E.C.P.