V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23478

Primary Registration District No. 1003

Registrar's No. 6191

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: 716 N. Garrison Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. **USUAL RESIDENCE OF DEACESED:**
(a) State Mo (b) County
(c) City or town 716 N. Garrison St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Summerville
3. (b) If veteran, name war 1st World War
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Summerville
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Sept. (Month) 25th (Day) 1892 (Year)
8. AGE: Years 51 Months 9 Days 15 If less than one day hr. min.
9. Birthplace Wynne (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Jack Summerville
13. Birthplace Ark. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Summerville
(b) Address 716 N. Garrison Ave
17. (a) Washington Park (Burial, cremation, or removal) (b) Date thereof 7 15 44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director C. R. Wood
(b) Address 1221 Gibson Blvd
19. (a) JUL 12 1944 (Date received local registrar) (b) J. F. Bausch (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 10th year 1944 hour 5 minute 00 P.M.
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.

Immediate cause of death Chronic Coronary Heart disease — Duration
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 Julius J. Fitzsimmons (M.D. or other) Coroner
Address 1300 Clark Date signed 7-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 James a Johnson

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.