S. No. 2
M—8-43
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#33795

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29237

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8389

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

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2809 Russell Bld.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rose Cummings

3. (b) If veteran, name war no.

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Maxwell Cummings

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

7. Birth date of deceased May 8 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	23	hr. min.

9. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Bernhard Marion
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Winifred Unk.
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Roberta Hotchkiss
(b) Address 2809 Russell Bld.

17. (a) Burial (b) Date thereof 10-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Witt Bros. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) OCT 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
year 1944 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from 9/8/44
, 19 , to Oct. 1st 19 44
that I last saw him alive on Oct. 1st 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration

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 E. W. Cashmann (M. D. or other)
Address 1515 Lafayette Date signed 10/2/44

(Licensed Embalmer's Statement on Reverse Side)

Embalmer's separate Cert filed

OCT 2 1983

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 Ronald Yahnke 3917, Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

~~Licensed Embalmer No. 2117~~

P. O. ~~Address~~ 2929 S. Jeff

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.