

FILED DEC 5 1944 18

Registration District No. _____ Primary Registration District No. 1003

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:
1801 Russell Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 1 year
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. 1801 Russell Avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN CUMMINGS
 (b) If veteran, name war None
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 23
 year 1944 hour 4 minute 50 A.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.

4. Sex male 0
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Dollie
 (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Generalized arteriosclerosis
 Due to _____

7. Birth date of deceased February 15, 1860
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
84 9 9 _____ hr. _____ min.

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

9. Birthplace Alabama
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business Self

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? _____

MOTHER FATHER {
 12. Name Newton Cummings
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Margaretta Hensen
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Treece
 (b) Address 1422 St. Angelo Street
 17. (a) ~~Burial~~ Removal (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville Mo.

While at work? _____
(Specify type of place) (e) Means of injury 3
 23. Signature James J. Fitzhugh (M. D. or other)
1500 East Date signed 11-24-44

18. (a) Signature of funeral director W. W. McLaughlin
 (b) Address 2301 Lafayette Av. St. Louis, Mo.
 19. (a) NOV 27 1944 (b) J. T. Brecken
(Date received local registrar) (Registrar's signature)

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

APR 5 1945

APR

JUN 7 1946

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

John D. Fitter

Licensed Embalmer No. *3880*

P. O. Address. *7355 Washington Ave*

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.