

FILED JAN 31 1945
318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4142 Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Cornelius E. Cummings

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Cummings 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 2 (Month) 13 (Day) 72 (Year)

8. AGE: Years 72 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Sandoval, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Postal Clerk - Retired

11. Industry or business US Post Office

12. Name Unknown (City, town, or county) (State or foreign country)

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Cummings (b) Address 4142 Cleveland

17. (a) Burial (b) Date thereof 1 27 45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director T. J. Finan (b) Address 1519 So. Grand

19. (a) JAN 25 1945 (b) J. J. Brebeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4142 Cleveland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1945 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from 5/23, 1944, to 1/23, 1945

that I last saw him alive on 1/12, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Suddenly

Due to Chronic Heart Disease 2-3 year
Arteriosclerotic

Due to Senility

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (e) Means of injury None

23. Signature Prison C Hall (M. D. or other)

Address 3402 Lafayette Date signed 1/23/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ketter

Licensed Embalmer No. *3880*

P. O. Address *St. Louis, Mo.*

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.