

FILED JAN 16 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2025 Forest 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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2025 Forest St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Cummings

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 April 24 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardener

11. Industry or business _____

MOTHER FATHER { 12. Name James Cummings
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Noonan
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Maloney
(b) Address 2025 Forest St. St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave, Maplewood

19. (a) JAN 7 1945 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1945 hour 5:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 12/20/44
19 _____ to 1/5/45 19 _____
that I last saw him alive on 1/2/45 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Cardio-mesenteritis

Due to _____

Other conditions Chr. Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature J. F. Brueck (M. D. or other)
Address 2901 Big Bend Rd. Date signed 1/6/45

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

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 3454

....., Registered Apprentice No.
working under my personal supervision.

David C. Gibson
Signed 7436 Manchester

Licensed Embalmer No. 3454

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.