. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7602

FILED MAR 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2420

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: Barnes Hospital, O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Pasadena Hills B (If outside city or town limits, write "RURAL")
(d) Street No. 7201 N. Winchester O NR (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Myles Cummer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Helene Cummer
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased August 10, 1867 (Month) (Day) (Year)

8. AGE: 77 Years | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace (City, town, or county) Canada 9 (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Franklin Cummer
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Myles
15. Birthplace (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Helene Cummer
(b) Address 7201 N. Winchester Dr. Normandy, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) MAR 15 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1945 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from MARCH 13, 1945, to MARCH 15, 1945; that I last saw him alive on MARCH 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema + uremia following
Due to operative repair of stricture of esophagus
Due to 48 hrs. before
Other conditions (Include pregnancy within 3 months of death) 1161

Major findings: Of operations Benign obstruction of esophagus.
Of autopsy As above

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 F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital. Date signed 3/16/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1945

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.....

Licensed Embalmer No. 1284

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.