

FILED JUN 23 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 month**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **PETE N. SUMMERS**

3. (b) If veteran, name war **World War #2**

3. (c) Social Security No. **505-22-2985**

4. Sex **M**

5. Color or race **Amer Indian**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife

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

7. Birth date of deceased **October 5, 1922**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	8	2	hr. min.

9. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance helper**

11. Industry or business **Heil Packing Company**

MOTHER FATHER

12. Name **Peter B. Summers**

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

14. Maiden name **Helena Cook**

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

16. (a) Informant **Robert Summers**

(b) Address **2225 Park Avenue**

17. (a) **burial** (b) Date thereof **6-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**

(b) Address **2301 Lafayette Avenue**

19. (a) **JUN 9 1947** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **SDU**

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

(d) Street No. **2225 Park Avenue**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th**
year **1947** hour **9** minute **54** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Chronic Atherosclerosis

Due to **Paracarditis**

Other conditions **9/4**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **John E. Summers** (M. or other)? **3**

Address _____ Date signed **6/11/47**

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

Coroner

S.

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 *C. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *2301 Lafayette*.....

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.