. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3143

Registrar's No. 131

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community 8yrs.

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. 2145 Chouteau
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clifton Summers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lorraine Summers

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

7. Birth date of deceased Nov. 2. 1906
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	2	2	hr. min.

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

10. Usual occupation ~~Nil~~ Butcher

11. Industry or business Kreys Packing CO

FATHER
12. Name Clifton Summers
13. Birthplace Waverly Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Summers
15. Birthplace Waverly Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lorrine Summers
(b) Address 2145 Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Park

18. (a) Signature of funeral director S. J. Watson
(b) Address 2769 Chouteau, Ave

19. (a) JAN 6 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1948 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 19 1947 to Jan. 4 1948 that I last saw him alive on Jan. 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation — Duration Undet.

Due to

Due to

Other conditions Chronic Glomerulonephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN — Underline the cause of 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 Oscar J. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 1/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.