

FILED FEB 20 1948 318  
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County... **St. Louis, Missouri**

(b) City or town... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**7401a South Broadway**  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **000**

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

(d) Street No... **7401a S. Broadway**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Edward J. Cummings**

3. (b) If veteran, name war... **None**

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **8th**  
1948 year. hour **6** minute **a.** M.

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... **November 5, 1885**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 2** 1948, to **Feb 8** 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>3</b>	<b>3</b>	hr. min.

Immediate cause of death **Coronary Artery Disease**

Duration **1 week**

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

Due to **Hypertensive Heart Disease** 5 years

Due to **Chronic Nephritis** 5 years

10. Usual occupation... **Grocery Clerk**

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

11. Industry or business... **Patrick Cummings**

12. Name... **Ireland**

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

14. Maiden name... **Anna Dalton**

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

Major findings: **1/2!**

Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant... **Joseph J. Cummings**

(b) Address... **7401a S. Broadway**

17. (a) **Burial** (b) Date thereof... **2-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation... **Mt. Olive Cemetery**

18. (a) Signature of funeral director... **Southern Funeral Home**

(b) Address... **6322 S. Grand Blvd.**

19. (a) **FEB 9 1948** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

(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..... (Specify type of work) (Specify type of place)

23. Signature... **George J. Sullivan** (D. or other) **MD**

Address... **421 M. Schirmer** Date signed... **Feb 9, 48**

DE R. M. F. H. 1012  
DE R. M. F. H. 1012  
17. 1012  
7. 1012  
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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 J. Wm. Dinkley  
Licensed Embalmer No. 3653  
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.