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SOM-10-47
Rev. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10081**
Registrar's No. **2738**

FILED APR 3 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital St. Louis City Hospital
58 North 9th, Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 621 N. Vandeventer Ave.
19 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Edgar Cummins

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. _____

4. Sex M. **5. Color or race** W.

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

6. (b) Name of husband or wife Nora Cummins

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan. 31st., 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th.,
year 1948 hour 1 minute 15 a. m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Coronary Arteriosclerosis 94

Duration _____

Due to _____

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

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

10. Usual occupation Painter

11. Industry or business _____

12. Name William Cummins

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

14. Maiden name Estelle Unknown
(City, town, or county) (State or foreign country)

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nora Cummins

(b) Address 621 N. Vandeventer Ave.

17. (a) Burial **(b) Date thereof** 1-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

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? _____

19. (a) MAR 19 1948 **(b)** J.P. [Signature]
(Date received local registrar) (Registrar's signature)

23. (a) Signature Patricia Taylor Dep Car
(Specify type of place) (e) Means of injury 3
(City or town) (County) (State)

Address 1300 Clark **Date signed** 3-19-48

APR 19 1948

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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 *W H Van Matre*
Licensed Embalmer No. *2825*
P. O. Address *4340 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.