S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 18226

Registrar's No. 1283

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1040 McCausland 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Oswald Summers
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 7
6. (b) Name of husband or wife Minnie Summers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 8 (Day) 1891 (Year)

8. AGE: Years 56 Months 7 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Calloa (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business .....

FATHER
12. Name George Summers
13. Birthplace Macon (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Hutch
15. Birthplace Red Bud (City, town, or county) Illinois. 1 (State or foreign country)

16. (a) Informant Mata Huch
(b) Address 4405 West Pine
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Red Bud, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) 5-21-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1948 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from June, 1941, to 5/19, 1948
that I last saw him alive on 5/19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Cardio Vascular disease.
Due to 93d
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings: Of operations None.
Of autopsy .....

Duration

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? None (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? None (e) Means of injury .....

23. Signature [signature] (M. D. or other) MD
Address 6125 Barton Date signed 5/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1948

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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.