

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 21105
Registrar's No. 5730

Registration District No. 310

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County Morris
(c) City or town Madison
(d) Street No. N.R.
(e) Citizen of foreign country? _____
If yes, name country _____

3: (a) PRINT FULL NAME Leslie A. Lummis

3: (b) If veteran, name war No 3: (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marguerite Lummis 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August 19 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Lummistown Cedarville, N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Glass Mfg.

11. Industry or business _____

12. Name John O. Lummis

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

14. Maiden name Sarah J. Hanes

15. Birthplace Cumberland Co. New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant J. Milton Lummis

(b) Address 125 W. 4th Ave., Roselle, N.J.

17. (a) Removal (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernardsville New York, New Jersey

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) JUN 25 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1948 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from 7-30-45 1945 to 6-25 1948
that I last saw h. in alive on 6-25-48 1948; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Postinfectious Bilateral
Due to Myocarditis chronic
Due to Bilateral Bronchopneumonia (Terminal)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Same as above
Of operations _____
Of autopsy: Same as above

Duration _____
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) (e) Means of injury _____
23. Signature J. M. Lummis (M. D. or other) _____
Address 4952 Maryland Date signed _____

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

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.....

Henry M. Bramme

- - Licensed Embalmer No.....

4200

. . P. O. Address.....

St. Louis

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.