

National Office of Vital Statistics
FILED JUL 22 1948

State File No.

6255

Registration District No.

Primary Registration District No.

Registrar's No.

318

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: **Alexian Bros. Hospital**
(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 DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3933 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Philip Cummins**

3- (b) If veteran, name war **No** 3- (c) Social Security No. **none**

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 **December 9 1871**
(Month) (DAY) (Year)

8. AGE: Years Months Days If less than one day
76 7 3 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Richard Cummins**

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

14. Maiden name **Alice O'Brien**

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

16. (a) Informant **Sister Jerome**
(b) Address **1849 Cass Ave.**

17. (a) **Burial** (b) Date thereof **7-15-48**
(Burial, cremation, or removal) (Month) (DAY) (Year)

(c) Place: burial or cremation **Calvary Cemetery**
Cullinane Bros.

18. (a) Signature of funeral director.....
(b) Address **3320 N. Kingshighway Blvd.**
JUL 14 1948

19. (a) (Date received local registrar)..... (b) **J. F. Breeseck**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12**
year **1948** hour **5** minutes **0** P. M.

21. I hereby certify that I attended the deceased from **July 4th** 19**48** to **July 12th** 19**48**
that I last saw h..... alive on **July 12** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chorea**
Myocardial infarction
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
about 1 year

Major findings:
Of operations.....
Of autopsy.....

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..... (M. D. or other).....
Address **3606 E. Main St.** Date signed **7/14/48**

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No. **3186**

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.