

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27621**
Registrar's No. **6877**

FILED AUG 23 1948

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(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: **Missouri-Baptist Hosp.**
(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)

3. (a) PRINT FULL NAME **MARY CUMMINS**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Michael Cummins** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **September 11th 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James Fielding**

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

14. Maiden name **Mary (unknown)**

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

16. (a) Informant **Mr. Michael Cummins - Husband**

(b) Address **3250 Lucas-Hunt Rd.**

17. (a) **burial** (b) Date thereof **10-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Sullivan Brothers**

(b) Address **2849 North Euclid Avenue**

19. (a) **AUG 5 1948** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Normandy** **96**
(c) City or town _____ (If outside city or town limits, write "RURAL") **0**
(d) Street No. **3250 Lucas-Hunt Road** **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4th**
year **1948** hour **11 A.M.** minute _____

21. I hereby certify that I attended the deceased from **July 26** to **Aug 4**
that I last saw him alive on **Aug 4** and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Neck
Due to **Adenocarcinoma**
Due to **Adenocarcinoma**

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature **J. M. Hagan** (M. D. or other) **8/8/48**
Address **Industrial Bldg** Date signed _____

Dr. Malligan

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.....

Robert L Brinkman
355-3

Licensed Embalmer No.....

P. O. Address.....

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.