No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38010 9995

FILED DEC 2 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis M.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Flower Retrear House
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4142 Cleveland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Halpin Cummings
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cornelius Cummings
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 18 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at home

FATHER
12. Name Wm. Halpin
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Brady
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Grace Cummings Hoffmann
(b) Address 3625 a Gustine Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Thos J Smith
(b) Address 1519 S. Grand Blvd.
19. (a) NOV 18 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th year 1948 hour 5 minute 30 a M.
21. I hereby certify that I attended the deceased from SEPT. 25, 1948, to Nov. 16, 1948; that I last saw him ALIVE on Nov. 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HEART FAILURE	5 HOURS
Due to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	5 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death) NONE	
Major findings: Of operations NONE	
Of autopsy NONE	

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 Robert A. Hall (M. D. or other) MD.
Address 3902A LAFAYETTE Date signed Nov 17, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

VS SEP 16 1960

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 Ronald Johnke

Licensed Embalmer No. 3917

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.