

FILED JUN. 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21752

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5030

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Frankfort</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>908 N. Cochran</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Summers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>9</u> <u>49</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>5-20-49</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>20</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Christopher, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Eugene Edward Summers</u>	13b. MOTHER'S MAIDEN NAME <u>Doris Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Doris Summers, West Frankfort, Ill.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital defects of obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Persistent vitelline duct</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Failure</u> <u>Pulmonary Edema</u>			

19a. DATE OF OPERATION <u>6-7-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Persistent vitelline duct with nodules.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Frankfort, Ill.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7562</u>

22. I hereby certify that I attended the deceased from 5-22, 1949, to 6-9, 1949, that I last saw the deceased alive on 6-9, 1949, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. G. Klingberg MD</u>	23b. ADDRESS <u>500 So. Kingshighway</u>	23c. DATE SIGNED <u>6-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>West Frankfort, Ill.</u>
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DATE REC'D BY LOCAL REG. JUN 9 1949	REGISTRAR'S SIGNATURE <u>J. B. Parster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

Student Embalmer No. ....

working under my personal supervision.

Signed Guy W. Wilkinson

Signed .....  
Student Embalmer

Licensed Embalmer No. 3575

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.