No. 300
10-48

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35628

State File No. 318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 8914

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent 23
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
d. STREET ADDRESS (If rural, give location): N R,

3. NAME OF DECEASED (Type or Print)
a. (First): Adam
b. (Middle):
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): Oct 17, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 9-12-1870 Att.
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Summers
13b. MOTHER'S MAIDEN NAME: Nannie Jane PeWitt
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): Nill
16. SOCIAL SECURITY NO.: UNK?
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs, B.Hough-Salem Missouri

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, asthenia, 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)	Bronchiectasis	3 years.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Friedlander's Infection	3 years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerosis & Malnutrition	2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): 99
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 45 [illegible]

22. *I hereby certify that I attended the deceased from* Feb, 1948, *to* Oct 16, 1949, *that I last saw the deceased alive on* Oct 16, 1949, *and that death occurred at* 6:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martin W. Davis, MD
23b. ADDRESS: 539 N Grand — Martin W. Davis
23c. DATE SIGNED: 10/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salem, Missouri

DATE REC'D BY LOCAL REG.: OCT 17 1949
REGISTRAR'S SIGNATURE: J. B. Sasota
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe-4700 Washington Blvd

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.