

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2401

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL 17		d. STREET ADDRESS (If rural, give location) 4122 CLEVELAND AV	

3. NAME OF DECEASED (Type or Print) a. (First) RAY b. (Middle) CUMMINS c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN 4 1950
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH AUGUST 29 1881 68 yrs	9. AGE (In years last birthday) 68 yrs If under 1 year: Months _____ Days _____ If under 1 hr: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN Retired	10b. KIND OF BUSINESS OR INDUSTRY KREY PACKING CO.	11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CUMMINS	13b. MOTHER'S MAIDEN NAME SARAH EVANS.	14. NAME OF HUSBAND OR WIFE LORETTA A. CUMMINS
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Loretta A. Cummins ADDRESS 4122 Cleveland
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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 3 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive + coronary heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) ST. LOUIS MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? As Fall
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22. I hereby certify that I attended the deceased from **Dec 15 1949** to **Jan 4 1950**, that I last saw the deceased alive on **Jan 3 1950** and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Flanagan (Degree or title) MD	23b. ADDRESS 539 N. Grand St. St. Louis	23c. DATE SIGNED 1/5/50
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JAN 6-50	24c. NAME OF CEMETERY OR CREMATORY CAL VARY CEM.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. JAN 6 1950	REGISTRAR'S SIGNATURE J. Flanagan	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurer ADDRESS 3125 Lafayette Ave
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

X

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 *Jose B. Hollmer*

Licensed Embalmer No. *21014*

P. O. Address *3125 Lafayette Ave*

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.