

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35377
State File No. 8264
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
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 Maplewood 4554	
c. LENGTH OF STAY (In this place) 1 wk.		d. STREET ADDRESS (If rural, give location) 3258 Big Bend Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) JANE c. (Last) SUMMERS			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-19-1881	9. AGE (In years last birthday) 69	10. MONTHS 6	11. YEARS 10	12. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Williamson Co., Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Giles Rainey		13b. MOTHER'S MAIDEN NAME Madeline Odle		14. NAME OF HUSBAND OR WIFE Ebb Summers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Summers, 10 Speede Lane, Creve Coeur, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple liver abscesses DUE TO (c) Mesenteric lymphadenitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H&B, I					

22. I hereby certify that I attended the deceased from May, 1930, to 9-29, 1950, that I last saw the deceased alive on 9-29, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Sterling M.D.		23b. ADDRESS Maplewood Mo.		23c. DATE SIGNED 9-30-50	
------------------------------------	--	-------------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
---	--	------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. OCT 1 1950		REGISTRAR'S SIGNATURE J. Sterling		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood 17, Mo.		ADDRESS	
--	--	--------------------------------------	--	---	--	---------	--

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Robert T. Sampson

Licensed Embalmer No. 4290

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.