

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28155

FILED SEP 1 1951

State File No. ....

1003

7585

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>4166<sup>a</sup> McREE AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Cummings</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 26 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <b>SINGLE</b>	8. DATE OF BIRTH <b>OCT. 2 - 1891</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>GLASS WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FRIE GLASS CO.</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JOHN CUMMINGS</b>	13b. MOTHER'S MAIDEN NAME <b>ROSE MCENROE</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Matthew McLaughlin</b>	ADDRESS <b>4166<sup>a</sup> McREE AVE</b>
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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, 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) <b>Pulmonary Embolus</b>		<b>30 min</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Thrombophlebitis L Leg</b> DUE TO (c) <b>Sigmoid Diverticulitis</b>		<b>12 Days</b> <b>14 Days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign Prostatic Hypertrophy</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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? <b>572.1</b>

22. I hereby certify that I attended the deceased from **8-10-51**, 19\_\_\_, to **8-26-51**, 19\_\_\_, that I last saw the deceased alive on **8-26-51**, 19\_\_\_, and that death occurred at **1:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Knotts, MD</b>	(Degree or title)	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>8-27-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 29-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 27 1951</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Muller</b>	ADDRESS <b>5165 DELMAR</b>
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WRITE PLAINLY—USING UNFAADING 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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed.....  
Licensed Embalmer No. 4366  
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.