

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44781**
0627
Registrar's No.

FILED FEB 3 1953

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN 912 Cassan	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits write RURAL and give township) OR TOWN St. Louis 2252	
d. FULL NAME OF HOSPITAL OR INSTITUTION 912 Cass		d. STREET ADDRESS (If rural, give location) 25 912 Cassan	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) B c. (Last) CUMMINGS			4. DATE OF DEATH (Month) (Day) (Year) 12-28-52		
5. SEX Female	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid	8. DATE OF BIRTH Aug 97	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo - 4		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME wid	13b. MOTHER'S MAIDEN NAME wid	14. NAME OF HUSBAND OR WIFE wid
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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 Colonel's Office	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serubity		
	DUE TO (c) Generalized Enteric Sclerosis		
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)
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 4500

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. H. ...	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-31-53	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. JAN 20 1953	REGISTRAR'S SIGNATURE J. C. ...	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	ADDRESS 1104 Manchester Ave.
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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 Students
at College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W. Heman

Licensed Embalmer No. 3791

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.