

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39425

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 2480

1. PLACE OF DEATH a. CITY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>University City</u> <sup>4356</sup>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		STREET ADDRESS (If rural, give location) <u>7421 Canton Ave.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Amanda</u> c. (Last) <u>Cummings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 15 1886</u>		9. AGE (In years last birthday) <u>68</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Julius Gebhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Pauly</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E. Cummings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year and dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>one</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hebert Cummings 7421 Canton Ave.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, marked</u>		20. YRS. <u>20 yrs.</u>	
		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"/>	
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) <u>332X</u>	
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? _____	

22. I hereby certify that I attended the deceased from 10-23, 1954, to 10-24, 1954, that I last saw the deceased alive on 10-24, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Cooper D. Kay, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>10-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10/25/54</u>		REGISTRAR'S SIGNATURE <u>Hebert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Hoppe 4704 Washington Ave.</u>	
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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 365

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.