

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38129**
9677
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		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 <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>21 2913 Franklin Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Cummings.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 22 1933</u>	
9. AGE (In years last birthday) <u>22 yrs 6</u>		10. MONTHS <u>13</u>		10. HOURS <u>13</u>		10. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willie Simis</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Sampson</u>		14. NAME OF HUSBAND OR WIFE <u>James Cummings</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-38-5291</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Cummings 2913 Franklin Ave. St. Louis, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GLIOMA OF SPINAL CORD WITH WIDESPREAD METASTASES</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>June 20, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tumor of Spinal Cord - Glioma</u>				20. AUTOPSY? <u>193 X</u> 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>June 4, 1955</u> , to <u>Nov. 4, 1955</u> , that I last saw the deceased alive on <u>Nov. 4, 1955</u> , and that death occurred at <u>5:30p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. P. Lunde</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2746a Franklin Ave., St. Louis</u>		23c. DATE SIGNED <u>11-6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fayette</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>NOV 7 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moses Adams 3849 Windsor Pl. St. Louis, Mo.</u>			

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
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 42 14 Helman

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.