

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21743

STATE FILE NUMBER

FILED JUN 29 1956

318

1003

Registral No. 5832

Registration District No. Primary Registration District No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 3300 N. 9th St.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
First JOHN Middle L Last CUMMINGS Sr.				Month JUNE Day 18 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH May 22, 1869	
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months 0 Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer				10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13. FATHER'S NAME Edward Cummings				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Mae Henrie Address 9228 Hathaway	
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular Accident Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour _____ Month _____ Day _____ Year _____		a. m. _____ p. m. _____		331X	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5/28/56 to 6/18/56 and last saw her alive on 6/18/56 Death occurred at 11:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thomas A. Schmidt M.D. (Degree or title)				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 6/19/56.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-21-56		23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO	
24. FUNERAL DIRECTOR T. B. Tanner ADDRESS 1510 National Bridge				25. DATE RECD. BY LOCAL REG. JUN 20 1956		26. REGISTRAR'S SIGNATURE Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John S. Densley*.....
Licensed Embalmer No.

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.