

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

10379

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis (No. 8506, Moravian)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2410  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George M. Sumner

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W.H. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER FATHER 13. NAME Robert S. Sumner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Josephine M. Weingaertner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Robert S. Sumner  
(ADDRESS) 3304 Moravian

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Catholics DATE 3/14/32

19. UNDERTAKER Cuffman, Kille  
(ADDRESS) 1116 N. Franklin

20. FILED Max C. [unclear]  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8 1932, to March 13 1932.  
I last saw him alive on March 12 1932. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia due to Date of onset 3/6/32  
pus infection in nose  
and face. ①  
Other contributory causes of importance: not known

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Purpura Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no  
(Signed) H. F. Miller, M. D.

(Address) 8407, Broadway

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