

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

Do not use this space.

14803

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St Louis (No. 5557, Etzel)

File No.
Registered No. 3317
St. Ward)

2. FULL NAME

Dr Richard Summa
(a) Residence, No. 5557 Etzel - St. 5 Ward.

(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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chloe</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 17, 1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>0</u>	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>			
	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) <u>Germany</u>				
MOTHER FATHER	13. NAME <u>Richard Summa</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>Mrs Chloe Summa</u> (ADDRESS) <u>5557 Etzel</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>April 11, 1933</u>				
19. UNDERTAKER <u>Adrian P. DeLo</u> (ADDRESS) <u>2707 N. Grand St</u>				
20. FILED <u>APR 10 1933</u> <u>Max C. Starch</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to April 8, 1933
I last saw him alive on April 8, 1933. Death is said to have occurred on the date stated above, at 10¹⁵ p. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 4/8/33
8213
97 8213
Other contributory causes of importance:
Arteriosclerosis Indefinite

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Harm H. Meyer, M. D.
(Address) 4903 Delmar

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.

