WHITE PLANET, 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

AUG 18 1936

Do not use this space.

28979

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 7749

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. ....., 5834 Westminister St. ..... Ward)

2. FULL NAME Arthur E. Cuming

(a) Residence, No. 4332 Juniata Street St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White

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) June 7, 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Guarantee Service Co.

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, Missouri

FATHER

13. NAME Thomas A. Cuming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER

15. MAIDEN NAME Mary M. Mugford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Connecticut

17. INFORMANT (ADDRESS) Mrs. E. C. Coe 5834 Westminister Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE July 22, 1936

19. UNDERTAKER (ADDRESS) Wm. J. Robert 1905 S. Grand Blvd.

20. FILED JUL 21 1936 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 20, 1936

I last saw him alive on 7/14/36, 19..... Death is said to have occurred on the date stated above, at 6.45 P. M.

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

Bronchial Terminal pneumonia

H B 7/18/36

Date of onset

Other contributory causes of importance:

Carcinoma of lung & bone (metastatic)

Primary seat in lung

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) W. Muether, M. D.

(Address) 3720 Washington