

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.

1. PLACE OF DEATH **SEP 10 1937**

County.....
 Township.....
 City **St. Louis, Mo.** (No. **1922 North 14th Street.**)

791
1003

28803

File No.....
 Registered No. **7436**
 St. Ward)

2. FULL NAME **Amelia Sumner,**
 (a) Residence, No. **1922 North 14th Street** Ward **26**
 (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 **Female**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Caleb Sumner,**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 10th 1868**
 7. AGE YEARS **73** MONTHS **9** DAYS **23**
 IF LESS than 1 day,hra. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
 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, Mo.**

MOTHER FATHER
 13. NAME **Christian Probst**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER FATHER
 15. MAIDEN NAME **Regina Bucklin**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Caleb Sumner,**
 (ADDRESS) **1922 North 14th Street.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Friedens Cem.,** DATE **Aug. 6th 1937**

19. UNDERTAKER **My Leiden Mnd. Co.**
 (ADDRESS) **1417 N. Market Street.**

20. FILED **AUG 6 1937**
J. B. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 3 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1926** to **Aug 3 1937**
 I last saw him alive on **Aug 2 1937** Death is said to have occurred on the date stated above, at **3:30** p.m.
 The principal cause of death and related causes of importance were as follows:

<i>Myocarditis</i>	Date of onset
<i>Chronic</i>	<i>1926</i>
<i>Asphyxia</i>	<i>1937</i>
<i>Septic</i>	

Other contributory causes of importance:
 Name of operation **NO** Date of.....
 What test confirmed diagnosis? **Lab.** 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?
 If so, specify.....
 (Signed) **J. D. Peeler**, M. D.
 (Address) **2505 No 15th**

