

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

23386
 Do not use this space.

REC'D AUG 12 1938

791
1008

Registered No. **6080**

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City..... St. Louis, Mo. (d) Street No. City Infirmary St.
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Cummings

(a) Residence, No. 5800 Arsenal St. St. **13** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lydie Cummings
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1864
 7. AGE YEARS 73 MONTHS 38 DAYS 2 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.
 9. Industry or business in which work was done, as 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) Greene Co. (STATE OR COUNTRY) Illinois.

FATHER 13. NAME Marion Cummings,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME Katherine Brannan.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT E. Molony, (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem DATE July 8, 38

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED JUL 7 1938 J. B. Bredner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938 to July 5, 1938
 I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 6:15 m. P.M.
 The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease Date of onset

Other contributory causes of importance: sensibility

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) ED 2 mch M. D.
 (Address) 5600 Arsenal St.

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.

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