

REC'D AUG 12 1938

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

24018

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4873** **Broadway** St. **6712**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth/ yrs. mos. ds.

2. PRINT FULL NAME

Willis Cummings
(a) Residence, No. **4813 S. Broadway** St. **15**
(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 **Married**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Cummings**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 6 1912**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
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) (STATE OR COUNTRY) **Bismark Mo.**FATHER 13. NAME **Milton Cummings**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Blackwell Mo.**MOTHER 15. MAIDEN NAME **Stella Pelot**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DeSota Mo.**17. INFORMANT (ADDRESS) **Margaret Cummings 4813 a S. Broadway**18. BURIAL, CREMATION, OR REMOVAL PLACE **DeSota Mo. Woodlawn Cem.** DATE **July 28 1938**19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schumacher 3013 Meramec St.**20. FILED **JUL 27 1938 J.P. Beckler Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **4:35 PM**
The principal cause of death and related causes of importance were as follows:

Strychnine poisoning, self-administered at his home, 4813-a S. Broadway, July 25th, 1938, time unknown.

Other contributory causes of importance: **163**
Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Suicide** Date of injury **7/25 1938**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Joseph M. Quinn, M.D.**
(Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed

Clarence J. Rochow

Licensed Embalmer No. 3093

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)