

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

30778
Do not use this space.
8215

REC'D OCT 12 1938

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.
 (e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jack Summerville
 (a) Residence, No. 3429 Delmar St. 21
 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 13. NAME Frank Summerville
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elsie ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1938, to Sept. 13, 1938
 I last saw him alive on Sept. 13, 1938 Death is said to have occurred on the date stated above, at 7:25am.
 The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease Date of onset 9/7/38
Cerebral accident

Other contributory causes of importance:
Cerebral accident

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?
 If so, specify N. J. Lyman M. D.
 (Signed) J. F. B. [Signature] (Address) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL Washington Park DATE Sept 19 1938

19. FUNERAL DIRECTOR (NAME) M. & Dowell
 (ADDRESS) 3506 Franklin Ave

20. FILED 1938 J. F. B. [Signature] Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

William C. McDowell

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

William C. McDowell

Licensed Embalmer No. *2114*

P. O. Address *2506 Franklin St*

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.)

If this body is not embalmed, above space should be left blank.