

REC'D APR 12 1939

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

8631
Do not use this space.
2396

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis or..... (d) Street No. Missouri Baptist Hospital St.
(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 562 Minnie Mae Summers

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. NR Anthony's Mill, Mo.
(If nonresident, give city or town and State)

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 Charles Henry Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 - 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 2-1-39 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anthony's Mill, Mo.

FATHER 13. NAME James Turnbull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anthony's Mill, Mo.

MOTHER 15. MAIDEN NAME Mary Douglas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville, Mo.

17. INFORMANT (ADDRESS) Chas. H. Summers
Anthony's Mill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anthony's Mill, Mo. DATE 3-13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc.
4700 Washington Blvd.

20. FILED MAR 13 1939 J. P. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3 1939, to March 11 1939

I last saw her alive on March 10 1939. Death is said to have occurred on the date stated above, at 5.4 m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset 3/1/39

107a

Other contributory causes of importance: Acute arthritis, cause unknown / Jan 1939

Name of operation none Date of.....
What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Samuel B Grant, M. D.
(Address) 114 N. Taylor

K. 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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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Albert G. Hoff

Licensed Embalmer No. *2971*

P.O. Address.....

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.