

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19568

State File No. _____

FILED JUN 2 1940

Registration District No. _____

Primary Registration District No. 111

Registrar's No. 1150

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 12 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")
(d) Street No. 1612 YALE AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov
1936 to Present, 1940;
that I last saw him alive on June 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Heart disease; Hypertensive 3 1/2 yrs.
Myocarditis; chronic 5 yrs.
acute myocardial failure 5 mins.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) Nov. 1936
Cerebral hemorrhage; Rt. hemiplegia PHYSICIAN _____
Major findings:
Of operations _____

Of autopsy 930
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature San A. Danell (M. D. or other) _____
Address 1200 S. Big Bend Rd Date signed 6/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME HENRY J. CUMMINGS 552

3. (b) If veteran, name war _____ (c) Social Security No. 704-07-9498

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife FREDA CUMMINGS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 21 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 24 _____ hr. _____ min.

9. Birthplace MICHIGAN
(City, town, or county) (State or foreign country)

10. Usual occupation ASST. FREIGHT AGENT

11. Industry or business L & N. RAIL ROAD

12. Name JOHN CUMMINGS

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name JOHANNA BYRON

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CATHERINE C. KINGSTON

(b) Address 1612 YALE AVE.

17. (a) BURIAL (b) Date thereof 6-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 LINDELL BLVD.

19. (a) JUN 17 1940 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

1200 Stuyvesant Blvd
Brooklyn
10002

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 W. Van Matre

Licensed Embalmer No. 2825

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.