No. 2
1-4-41
17-39
X26350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39867

Registrar's No. 9575

FILED JAN 2 1942

Registration District No. 791 | Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 931 N 19th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 931 N 19th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lula Cummings

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Cummings

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year) Unknown

8. AGE: Years Abt 50 | Months | Days | If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business —

FATHER
12. Name Sidney Brown
13. Birthplace Old (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant Thomas Cummings
(b) Address 921 N 19th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave

19. (a) DEC 2 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1941 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Nov 5, 1941 to Nov. 28, 1941
that I last saw her alive on Nov 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Heart Disease

Due to Myocarditis Ch

Due to Nephritis Acute

Other conditions (Include pregnancy within 3 months of death) from Chronic Nephritis

Major findings:
Of operations
Of autopsy 131 b

Duration

PHYSICIAN

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

23. Signature Samuel Fulton (M. D. or other)
Address 925 N Jefferson Date signed 12/1/41

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai[redacted] comply wi[redacted] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.