

FILED FEB 24 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 936

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2636^a Lucas Ave
(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)

3. (a) PRINT FULL NAME Sue Cumbers

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race Black

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

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

6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased: abt (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day
hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER

12. Name Walter Cumbers

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

14. Maiden name Walter Cumbers

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

16. (a) Informant Samuel F. Blum

(b) Address 1300 Plaza Ave

17. (a) Anatomical Board (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington D.

18. (a) Signature of funeral director W. R. Risher

(b) Address 3500 Ridge

19. (a) JAN 30 1942 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

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

(d) Street No. 2636^a Lucas
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1941 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h_____ alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic pulmonary nephritis
Diabetes

Duration.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....

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

23. Signature Alfred Perry (M. D. or other)
Address Supply Council Date signed 1/5/42

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.....

Licensed Embalmer No.....

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, fact should be so stated above.