S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16719

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4709

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BETHESDA GENERAL HOSP.
(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 (b) County 96 NR

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 942 DWYER 1
(If rural, give location)

(e) Citizen of foreign country? — 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME UNNAMED SUMPTER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 4-26 (Month) (Day) 1942 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 21 hr. 50 min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name HAROLD E. SUMPTER
13. Birthplace LEADWOOD (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name CUBA HUTSON
15. Birthplace CAPE GIRARDEAU, MO (City, town, or county) (State or foreign country)

16. (a) Informant Father MR. HAROLD SUMPTER

(b) Address 942 DWYER, GLENDALE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 29 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director ANATOMICAL BOARD

(b) Address ST. LOUIS UNIV. SCHOOL OF MEDICINE

19. (a) MAY 29 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27 year 1942 hour 7 58 minute 58 M.

21. I hereby certify that I attended the deceased from APRIL 26, 1942 to APRIL 27, 1942 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death immaturity

Due to premature rupture of amniotic sac.

Due to breech presentation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 W. G. Riley (M. D. ~~or other~~)

Address 4660 Maryland Date signed 4/28/42.

(Licensed Embalmer's Statement on Reverse Side)

Anatomical Board

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.