

Registration District No. 282

Primary Registration District No. 111

Registrar's No. 1130

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: St. Mary's Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days (Specify whether  
In this community 12 days  
years, months or days)

3. (a) PRINT FULL NAME JOSEPH H. CUMMINS

3. (b) If veteran, name war none 3. (c) Social Security No. 493-03-7388

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. 25 1894  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 29 If less than one day  
hr. min.

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

10. Usual occupation Mill Wright

11. Industry or business Wagner Elec.

12. Name John J. Cummins

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

14. Maiden name Rose Bachard

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

16. (a) Informant Mrs. Maude Cummins  
(b) Address 3004 Woodson Rd. Overland

17. (a) Burial (b) Date thereof 5/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Harrisburg Ill.

18. (a) Signature of funeral director Baumgardner  
(b) Address 3504 Woodson Rd. Overland

19. (a) MAY 23 1942 (b) C. J. McFarlan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Overland 96  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3004 Woodson Rd 13  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1942 hour 14 minute A. M.

21. I hereby certify that I attended the deceased from May 14 1942 to May 22 1942  
that I last saw him alive on May 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhagic nephritis Duration 2 weeks

Due to.....

Due to..... BO

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy as above

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 0

23. Signature Re Russell (M. D. or other) ✓  
Address 3720 Washington Date signed 6/23/42

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

6  
3

McFarlan

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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..... *Oscar F. Mueller* .....

Licensed Embalmer No..... *3039* .....

P. O. Address..... *Overland Mo* .....

**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.**