

Registration District No. 791

Primary Registration District No. 1003

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:
4344 Itaska 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)

3. (a) PRINT FULL NAME Mary Cummings

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 12 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 19 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Reed
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Macy
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Schauer
 (b) Address 14344 S Itaska St AVE

17. (a) Burial (b) Date thereof August 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) III 31 1942 (b) J. F. Beedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4344 Itaska St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
 year 1942 hour _____ minute 1 P. M.

21. I hereby certify that I attended the deceased from June 20th
 1941, to July 29 1942
 that I last saw him alive on July 28th 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 6 Mon

Due to _____

Due to _____

Other conditions Diabetes Mellitus 1 yr.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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? no (Specify type of place) _____ (e) Means of injury _____

23. Signature W. H. H. H. H. (M. D. or other) _____
 Address 4244 N. Glenside Date signed 7/29/42

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

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 *Frank J. Owens*

Licensed Embalmer No. *2245*

P. O. Address *St Louis 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.