

No. 2
-1-4-41
5-17-39
I X28390

39387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7507

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:
4316a College Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 17 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4316a College Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ORAL M. SUMMERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-3355

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

6. (b) Name of husband or wife Ruth Summers 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Oct. 15. 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Order Clerk

11. Industry or business Chemical Works

MOTHER FATHER { 12. Name Monroe Summers,

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

14. Maiden name Martha Harrison

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

16. (a) Informant Mrs. Ruth Summers.

(b) Address 4316a College Ave.

17. (a) Removal-motor (b) Date thereof 9-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Akin, Illinois

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 9 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
55 year 1942 hour 9 minute 30 P.M.

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

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cardiac Hypertrophy;

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Thomas F. Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 9/9/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

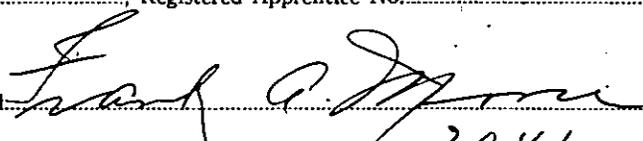
81

8

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. 3041

P. O. Address 2117 E. 1st St.

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.