

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 20 1943 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 2314

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4627 Natural Bridge Ave /
(d) Length of stay: In hospital or institution 17 Days
In this community Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4627 Natural Bridge Ave
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Mary Summers
(b) If veteran, name war None
(c) Full Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th
year 1943 hour 3:00 PM minute _____ M.

4. Sex Female / race White
5. Color or White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank Summers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 18, 1869

21. I hereby certify that I attended the deceased from 1-30-43 19____ to 2-15-43 19____
that I last saw h. er. alive on 2-15-43 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 5 Days 20
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Thrombosis Duration _____
Due to Arteriosclerosis

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

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation At home
11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER {
12. Name Henry Eickmann
13. Birthplace Unknown Germany
14. Maiden name Unknown
15. Birthplace Unknown Germany

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry D. Summers
(b) Address 4627 Natural Bridge Ave
17. (a) Burial (b) Date thereof 3/11/43
(c) Place: burial or cremation Memorial Park Cemetery

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAR 10 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. F. Brudeck (M, D, or other) 3/10/43
Address 1515 Lafayette Avenue Date signed _____

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.....

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.