

JUL 24 1943

318

Primary Registration District No.

1003

FILED

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5147 Page Blvd
(If not in hospital or institution, write street number & 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 Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 96
(d) Street No. 5147 Page Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY CUMMINGS

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 Aug. 15, 1859. (Month) (Day) (Year)

8. AGE: Years 83. Months 10. Days 27. If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Patrick Brooks

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

14. Maiden name Rose Howard

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

16. (a) Informant Grace Cummings

(b) Address 5147 Page Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director J. J. ...

(b) Address 1389 Union Ave

19. (a) JUL 14 1943 (Date received local registrar) J. J. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1943 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from July 6 to July 12 1943 that I last saw her alive on July 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction with Arterio-sclerosis Duration _____

Due to _____

Due to 92

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. J. ... (M. D. or other)

Address 4901 E. ... Date signed 7/13/43

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 *Harry B. Shumaker*

Licensed Embalmer No. *2679*

P. O. Address *732 Fenway*

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.