

S. No. 2
A-9-441
5-1-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25316

FILED AUG 7 1943

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 47

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

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1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")

(d) Street No. 400 N. 3rd St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME OLIVA CUMMINGS

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

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Thomas Cummings 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 17 1860
(Month) (Day) (Year)

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

9. Birthplace Old mines Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name John Partell

13. Birthplace Old mines Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bayer

15. Birthplace Old mines Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Padon

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 7-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwell Inf

18. (a) Signature of funeral director Donnell D. Daniel
(b) Address St. Louis Mo.

19. (a) 8-3-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1943 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 14 1942 to July 11 1943 that I last saw her alive on July 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration of heart

Due to arterial sclerosis

Other conditions (include pregnancy within 3 months of death) 92 lb

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? _____

While at work? _____ (Specify type of place)

23. Signature Walter G. Jones (M. D.)

Address 401-9-5th St. St. Louis Mo. Date signed 7-11-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

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 *Jonell B. [Signature]*

Licensed Embalmer No. *4104*

P. O. Address *Delto 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.