S. No. 2
1—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43852

FILED DEC 18 1943

Registrar's District No. 3717 Primary Registration District No. 3070 Registrar's No. 2737

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanitorium. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Ladue (If outside city or town limits, write "RURAL")
(d) Street No.: 55 Loren Woods (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Genevieve Finley Summers.
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: widowed
6. (b) Name of husband or wife: Augustus G. Summers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 15 (Day) 1859 (Year)

8. AGE: Years 84 Months 3 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace: LeClaire (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: at home
11. Industry or business .....
FATHER 12. Name: Elisah Pitt Bartlett
FATHER 13. Birthplace: unknown (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name: Mary Martha Phares
MOTHER 15. Birthplace: LeClaire (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Mr. Fred Finley
(b) Address: 55 Loren Woods, Ladue, Mo.
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof: 12-11-43. (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Crematory
18. (a) Signature of funeral director: C. R. Lupton & Sons.
(b) Address: 7233 Delmar Blvd.
19. (a) DEC 11 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th year 1943 hour 11 minute 25 a.m.
21. I hereby certify that I attended the deceased from July 19th, 1943 to Dec. 7th, 1943 that I last saw her alive on Dec. 7th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, general	2
Due to:	
Due to:	
Other conditions: Myocarditis, chronic (Include pregnancy within 3 months of death)	

Major findings:
Of operations: .....
Of autopsy: GBd

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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature: Paul Hines M.D. (M. D. or other)
Address: Webster Groves, Mo. Date signed: 12-7-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1944

Webster Groves

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.