V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32184

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8776

595
000
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9

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mo. Baptist Hosp. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 10 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 118

(d) Street No. 614 Jackson St. (If rural, give location) 9

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter J. Cummings

3. (b) If veteran, name war none

3. (c) Social Security No. 494-09-3356

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wilhelmina Cummings

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. (Month) 1 (Day) 1888 (Year)

8. AGE: Years 56 | Months 8 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace Rockbridge (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Foreman

11. Industry or business

FATHER
12. Name John Cummings
13. Birthplace Carlinville (City, town, or county) Ill. (State or foreign country) 1

MOTHER
14. Maiden name Nancy Allen
15. Birthplace Carlinton (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Wilhelmina Cummings

(b) Address 614 Jackson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 17 (Day) 1944 (Year)

(c) Place: burial or cremation Calvery Cem.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) OCT 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1944 hour 6.15 minute A. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain when he fell down the steps leading from the first floor to the basement at his home Oct 13 1944

Due to

Due to about 6.00 o'clock Am

Duration

Other conditions (Include pregnancy within 3 months of death) 186

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) Accident

(b) Date of occurrence Oct 13 1944

(c) Where did injury occur? St. Louis (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature James [illegible] (M.D. or other) Coroner

Address 1300 Clark Date signed 10/14/44

(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 Arthur P. Diedrich

Licensed Embalmer No. 3556

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.