

FILED MAR 9 1945

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1827

1. PLACE OF DEATH:

(a) County _____
(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6414 Alabama Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 72 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6414 Alabama Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES P. CUMMINGS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 9 hr. min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name James Cummings
13. Birthplace Ireland (State or foreign country)
14. Maiden name Mary Cummings
15. Birthplace Ireland (State or foreign country)

16. (a) Informant Joseph J. Cummings
(b) Address 6414 Alabama Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-26-45
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) FEB 24 1945 (Date received local registrar) (b) J. P. Budesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1945 hour 2:15 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from Jan 12 1945 to Feb. 23 1945
that I last saw him alive on Jan. 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy cerebral hemorrhage
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

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.....

Virgil L. Berryman

Licensed Embalmer No..... *4018*

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.