

FILED AUG 3 1945
Registration District No. 313

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-10
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 91
(d) Street No. 1110 S. 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN CUMMINGS

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

4. Sex MALE (15. Color or race WHITE) 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife DELLA CUMMINGS 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased JANUARY 29 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 24 If less than one day
br. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

MOTHER FATHER

11. Industry or business
12. Name John Cummings
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN HEFFERS
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert Diech
(b) Address 4225 Peck St

17. (a) BURIAL (b) Date thereof JULY 26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT OLIVE CEMETERY

18. (a) Signature of funeral director E. J. Schurz
(b) Address 3125 Lafayette Av

19. (a) JUL 25 1945 (b) J. Diech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1945 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from June 17, 1945 to July 23, 1945, 1945;
that I last saw h. im alive on July 23, 1945, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
heart disease
Due to sen's arteriosclerosis

Due to Heart
Other conditions Carcinoma of right colon
(Include pregnancy within 3 months of death)
old apical TB, healed
Major findings: flexure of rt. colon
Of operations Ca of hepatis
Of autopsy as above

Duration

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 filare)
While at work? (e) Means of injury
23. Signature J. Diech (M. D. or other)
Address 1515 Lafayette Avenue Date signed 7/23/45

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.....

Joseph Rollmer
.....
Licensed Embalmer No. *41014*
.....
P. O. Address *Bozeto, MD*
.....

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.