

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: 215 PARKHURST TER  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MO (Specify whether years, months or days)

In this community 3 MO

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 215 PARKHURST TER  
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME ELIZABETH CUMMINGS

3. (b) If veteran, name war NO

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 HENR CUMMINGS 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAR 9 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 4 If less than one day — hr. — min.

9. Birthplace PORTLAND MAINE  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

MOTHER FATHER { 12. Name SAMUEL FELT

13. Birthplace PORTLAND MAINE  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA CLARK

15. Birthplace PORTLAND MAINE  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. HINSON

(b) Address 215 PARKHURST TER

17. (a) REMOVAL (b) Date thereof APRIL 14 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WAKEFIELD MASS

18. (a) Signature of funeral director Parson Ind Co

(b) Address WEBSTER GROVES MO

19. (a) 4-13-46 (b) ES McJannet  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13 year 1946 hour 6:30 minute 2 M.

21. I hereby certify that I attended the deceased from Apr 23 1946 to Apr 13 1946, that I last saw her alive on Apr 12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to Arterio Sclerosis (Cerebral) years —

Due to Hypertension

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy NO

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 —

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 Victor Reese (M. D. or —)  
Address 120 E. Lockwood Date signed 4/13/46

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

16  
7  
4

13218

**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..... *Leslie Welch*.....  
Licensed Embalmer No. *4395*.....  
P. O. Address *Hebster Groves*.....

**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.**