

No. 2
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-1-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 2383
Registrar's No. 695

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Sanitarium
(d) Length of stay: 24 yrs 0 mos 17 das
In this community 64 years

3. (a) PRINT FULL NAME MAY CUMMINS
(b) If veteran, name war None
(c) Social Security No. None

4. Sex female / 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 31, 1882

8. AGE: Years 64 Months 10 Days 18

9. Birthplace St. Louis Missouri
Usual occupation Milliner

11. Industry or business
12. Name Stephen Cummins
13. Birthplace Ireland
14. Maiden name DuBerry Potts
15. Birthplace Ireland

16. (a) Informant Helina A Singler
(b) Address 5400 Arsenal St
17. (a) Burial (b) Date thereof 1 23 47
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JAN 21 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5400 Arsenal St
(e) Citizen of foreign country? No
If yes, name country.

20. DATE OF DEATH: Month January day 19th
year 1947 hour 8:35 minute P. M.
21. I hereby certify that I attended the deceased from
Febr 1, 1946 to January 19, 1947
that I last saw her alive on January 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy No

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

23. Signature Jack R. Tideman
Address 5400 Arsenal St
Date signed 1/20/47

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....
Signed *John A. Dermatt*

.....
Licensed Embalmer No. *3024*

P. O. Address.....

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.