S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39559

Primary Registration District No. 1003

Registrar's No. 11163

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis 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 3 DAYS (Specify whether years, months or days)
In this community ()

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3828 St Louis Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN F. CUMMINGS
3. (b) If veteran, name war —
3. (c) Social Security No. 494-01-5738

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 30 (Day) 1883 (Year)

8. AGE: Years 64 Months 5 Days 3. If less than one day hr. min.

9. Birthplace Plainview (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Daniel Cummings
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Duddy
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs H. J. Kelley
(b) Address 4554 Lexington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Alton Illinois
18. (a) Signature of funeral director Meek + Dickman
(b) Address 4355 Washington
19. (a) DEC 5-1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 3rd year 1947 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11/29/47, 19..., to Dec. 3rd, 19 47 that I last saw him alive on Dec. 3rd, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	10 years +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 place)
While at work? (e) Means of injury
23. Signature [signature] M.D.
Address 1515 Lafayette Date signed 12/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

11163

VS JUL 17 1959

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 Rex Campbell

Licensed Embalmer No. 3881

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.