

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: MISSOURI PACIFIC
(d) Length of stay: In hospital or institution 7 DAYS
In this community 7 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County ST CLAIR
(c) City or town EAST ST LOUIS
(d) Street No. 4021 LINDEN PLACE
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME DANIEL THOMAS CUMMINGS
3. (b) If veteran, name war No 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 1 year 1948 hour 6 minute 05 AM.
21. I hereby certify that I attended the deceased from 23 APR 1948 to MAY 1 1948

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WERTADPE
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased JAN 27 1884

that I last saw him alive on 1 MAY 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion

8. AGE:	Years	Months	Days	If less than one day
	64	3	4	hr. min.

Due to arteriosclerosis
Due to heart disease

9. Birthplace METROPOLIS ILL. I
10. Usual occupation RETIRED FOREMAN

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations

11. Industry or business TERMINAL RAILROAD
12. Name WILLIS CUMMINGS
13. Birthplace METROPOLIS ILL. I
14. Maiden name PERSY (UNK)
15. Birthplace METROPOLIS ILL. I

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

16. (a) Informant Estelle Cummings
(b) Address E St Louis, Ill.
17. (a) REMOVAL (b) Date thereof MAY 1 1948
(c) Place: burial or cremation EAST ST LOUIS, ILL.
18. (a) Signature of funeral director John J. Kavelley
(b) Address East St Louis Ill.
19. (a) MAY 3 1948 (b) J. F. Bredeck

While at work? (Specify type of place)
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 5/18

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

MOTHER FATHER

4152

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John J. Kasaly

Licensed Embalmer No. *F-800*

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.