

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24195
65115

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (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: Mo. Pacific Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Milton W. Cummings3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 6 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 4 15 hr. min.9. Birthplace Blackwell Mo. U.
(City, town, or county) (State or foreign country)10. Usual occupation R.R. Brakeman Mo. Pacific

11. Industry or business _____

12. Name Thomas Cummings13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Geraldine Kirchner(b) Address 4450 Pennsylvania17. (a) Burial (b) Date thereof 7-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Desoto Mo.18. (a) Signature of funeral director W. Schumacher(b) Address 3013 Meramec St.19. (a) JUL 23 1948 (b) J. P. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oav
 (c) City or town St. Louis 1.7
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4450 Pennsylvania 9
 (If rural, give location) 15 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 7 minute 15 P. M.21. I hereby certify that I attended the deceased from July 19
1948 to July 21 1948
that I last saw him alive on July 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis
Duration _____Due to same

Due to _____

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

Major findings:

Of operations _____
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Schumacher (M. D. or other) mlAddress 3013 Meramec St. Date signed _____

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.