

S. No. 300
M-10-47
Rev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38895

State File No.

Registrar's No.

FILED DEC 4 1948

Registration District No. 277

Primary Registration District No. 3069

2695

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

683

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 9504 Breckenridge 1
(If rural, give location)

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

3: (a) PRINT FULL NAME Agnes Cummins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from July 28, 1948, to Nov. 17, 1948
that I last saw her alive on Nov. 16, 1948,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 17 1872
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Breast with generalized metastases

Due to _____

Due to 50

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

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Old Mines Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Woodward & Tiernan Prtg.

MOTHER FATHER

12. Name Unknown Paul

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant May Thompson

(b) Address 1106 Rutger St.

17. (a) Motor Burial (Burial, cremation, or removal) (b) Date thereof 11/20/48
(Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo

18. (a) Signature of funeral director Nash - Welter

(b) Address 3634 Gravois Ave.

19. (a) 11-18-48 (Date received local registrar) (b) Gene A. Blomsted (Registrar's Signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Confirmed diagnosis given above

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 _____

(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 G. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Blvd. Date signed 11/17/48

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 *Delis J. Krispin*
Licensed Embalmer No. 3497
P. O. Address 3634 Gravais

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.