

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15052**
Registrar's No. **3260**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1122 Chambers Str.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1122 Chambers Str.		e. STREET ADDRESS 1122 Chambers Str.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIS EDWARD b. (Middle) SUMMY c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 7 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5 1902	9. AGE (In years last birthday) 47	10. CITIZEN OF WHAT COUNTRY? 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY Sunshine biscuit CO		11. BIRTHPLACE (State or foreign country) Hannibal Mo.	

13a. FATHER'S NAME Louis Summy		13b. MOTHER'S MAIDEN NAME Mary Allen		14. NAME OF HUSBAND OR WIFE Mary Summy (nee Griffin)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Summy (wife)	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Nervous disease		INTERVAL BETWEEN ONSET AND DEATH 2 years 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 25, 1949, to April 7, 1950**, that I last saw the deceased alive on **April 6, 1950**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. J. McInnis		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 4/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 10 1950		24c. NAME OF CEMETERY OR CREMATORY Hannibal	
24d. LOCATION (City, town, or county) (State) Hannibal Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nevry Leidner Ltd 2773 Louis Ave			
DATE REC'D BY LOCAL REG. APR 7 1950		REGISTRAR'S SIGNATURE J. B. Lester			

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

S,

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.

Student Embalmer No.....

Signed.....

John P. Buchholz

Signed.....
Student Embalmer

Licensed Embalmer No. 1674

P. O. Address 2173 St Louis Ave

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.