

FILED MAR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. **5988**  
**1810**

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2129	
		12. STREET ADDRESS (If rural, give location) 5554 Delmar	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Kee		b. (Middle) Cummings	
c. (Last)		5. DATE OF BIRTH	
		3/16/1919	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday)
		Married	71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Shared		Janitor	Sparta, Tenn.
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Neal Cummings	13b. MOTHER'S MAIDEN NAME Linda Boyles	14. NAME OF HUSBAND OR WIFE Mrs Jennie Cummings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 499-01-6027	17. INFORMANT'S SIGNATURE OR NAME Mrs Jennie Cummings
		ADDRESS

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum and Colon		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined		
	DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		None	
19c. 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)
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? 154X

22. I hereby certify that I attended the deceased from 12-20, 19 50 to 2-24, 1951, that I last saw the deceased alive on 2-21, 19 51, and that death occurred at 8:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Montague Lawrence	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 2-23-51
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24a. BURIAL, CREMATION, OR REMOVAL	24b. DATE 2/24/51	24c. NAME OF CEMETERY OR CREMATORY Fees	24d. LOCATION (City, town, or county) (State) Knoxville, Tenn
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DATE REC'D BY LOCAL REG. FEB 23 1951	REGISTRAR'S SIGNATURE B. Brister	25. FUNERAL DIRECTOR'S SIGNATURE G. W. Brudell	ADDRESS 14469 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 16 1956

**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.....

..... Student Embalmer No. ....

working under my personal supervision:

Student .....  
Student Embalmer

Signed J. P. Stark.....

Licensed Embalmer No. 4599.....

P. O. Address St. Louis.....

**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.