

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43362

FILED JAN 10 1952

State File No. 11130

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11130

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>2199</i>	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis, Missouri		c. LENGTH OF STAY (in this place) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
		d. STREET ADDRESS (If rural, give location) <i>3720</i>	
3. NAME OF DECEASED a. (First) NETTIE		b. (Middle) SUMNER	
c. (Last) SUMNER		4. DATE OF DEATH (Month) (Day) (Year) December 16, 1951	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed (Sp.)</i>	8. DATE OF BIRTH <i>Aug. 7 82</i>
9. AGE (In years last birthday) <i>69</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE			
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. <i>-</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. G. G. Carson</i>		ADDRESS <i>3720 Gen</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral vascular accident</i> ANTECEDENT CAUSES DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>Generalized arteriosclerosis</i> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>4200</i>			
22. I hereby certify that I attended the deceased from <i>Nov. 22</i> 19 <i>51</i> , to <i>Dec. 16</i> 19 <i>51</i> , that I last saw the deceased alive on <i>Dec. 16</i> 19 <i>51</i> , and that death occurred at <i>2:00 A.M.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>George M. Workman M.D.</i> (Degree or title)		23b. ADDRESS <i>1515 Lafayette Ave.</i>	
23c. DATE SIGNED <i>12-17-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Dec 18 51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mission Cemetery</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>DEC 17 1951</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>C. H. ...</i>		ADDRESS <i>7814 S. Broadway</i>	

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.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7874 Broadway*

- 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.