

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
37659

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9739			
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) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 4135 Donovan Place., 2789					
3. NAME OF DECEASED (Type or Print) a. (First) Ivy		b. (Middle) T.		c. (Last) Summers		4. DATE OF DEATH (Month) (Day) (Year) October 10, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept 4 1907		9. AGE (in years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crater		10b. KIND OF BUSINESS OR INDUSTRY Moloney Electric		11. BIRTHPLACE (City and State or Foreign Country) Barien, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William E. Summers			13b. MOTHER'S MAIDEN NAME Etta Jones			14. NAME OF HUSBAND OR WIFE Agnes G. Summers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY 495-18-1350		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Schafer, 4135 Donovan Pl.					
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.		<p align="center">MEDICAL CERTIFICATION</p> <p align="center">INTERNAL BETWEEN ONSET AND DEATH</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture; Brain Injury</p> <p>ANTECEDENT CAUSES suffered when struck by unknown car driven by unknown driver at Sarah aka Gratiot Str., about 11:59 pm Oct 9, 1953</p> <p>II. OTHER SIGNIFICANT CONDITIONS about 11:59 pm Oct 9, 1953</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21f. HOW DID INJURY OCCUR? E8124			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct 9 53 11:59 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:33A m. , from the causes and on the date stated above. 25									
23a. SIGNATURE Patrick C. Taylor (Degree or title) Counselor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/13/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-12-53		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Salem, Missouri.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Bl					

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

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.....
Signature of Student Embalmer

Signed.....
Etienne R. Ravelin

Licensed Embalmer No. *4283*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.