

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41529

State File No. ....

FILED DEC 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3041

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>25</u> year		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>729 Lavinia Place</u>		e. STREET ADDRESS (If rural, give location) <u>729 Lavinia Place</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY D</u>	b. (Middle) <u>EDWARD H.</u>	c. (Last) <u>SUMMERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1953</u>
-------------------------------------	---------------------------	------------------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24, 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>0</u>	IF UNDER 4 HRS: Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shop Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Amer. Tobacco Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude F. Summers</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-03-5891A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Henderson</u>	ADDRESS <u>1910 Palm St. Louis</u>
--	---	--	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder &amp; Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Prostatitis</u>		
	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <u>Nov 24 1953 1:25 P.M.</u>	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 Nov. 11, 1953, to Nov. 24, 1953 that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 1:25 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hollis R. Rumbarger D.O.</u>	23b. ADDRESS <u>654 N. Kirkwood Rd. Kirkwood 22, Mo.</u>	23c. DATE SIGNED <u>11-25-53</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11/27/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Spink, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>	ADDRESS <u>Kirkwood Mo</u>
--	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. R. Rumbarger  
6547 N. Kirkwood Rd  
St. Louis

---

---

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..... *Felix Hernandez* .....

Licensed Embalmer No... *3034* .....

P. O. Address *Kutkwood* .....

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.