

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35269

FILED OCT 26 1954

State File No.

318

1003

Registrar's No. 8679

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) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (to this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pac. Eng. Hosp.</i>				e. STREET ADDRESS (If rural, give location) <i>3661 Fillmore</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>LOUIS</i>		b. (Middle) <i>JOHN</i>		c. (Last) <i>CUMMINGS</i>	
4. DATE OF DEATH		(Month) (Day) (Year)		<i>9-21-54</i>			
5. SEX <i>M.</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 6 1891</i>	
9. AGE (to years last birthday) <i>63</i>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired R.R. Inspector</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>John F. Cummings</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Princ</i>		14. NAME OF HUSBAND OR WIFE <i>Frances</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frances Cummings 3661 Fillmore</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhage - Gastro-Intestinal</i> ANTECEDENT CAUSES <i>Recurrent esophageal Varices.</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Cirrhosis of Liver -</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Small end of fibula removed from Computation stump on 9/12/54</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>3-4 days</i> <i>Mon, Mo.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Small bone - fibula eroding thru old amputation stump</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5810</i>			
22. I hereby certify that I attended the deceased from <i>Sept 8, 1954</i> to <i>Sept 21, 1954</i> , that I last saw the deceased alive on <i>Sept 21, 1954</i> and that death occurred at <i>1:30 PM</i> from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Edward J. Jordan MD</i>				23b. DATE SIGNED <i>1729 South Grand</i>		23c. DATE SIGNED <i>22 Sept 54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>9-24-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Park Lawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
DATE REC'D BY LOCAL REG. <i>SEP 23 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>SOUTHERN FUNERAL HOME 6912 SO GRAND</i>			

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.....

Licensed Embalmer No. 425

P. O. Address 6332 So. 1st

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.