

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 500 Registrar's No. 624

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>SAGAMON</b>	
b. CITY OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>1249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>925 W. WASHINGTON STREET</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHN</b>		a. (First)		b. (Middle) <b>(NMI)</b>		c. (Last) <b>CUMMINGS (SERVICE) CUMMINGS (CORRECT)</b>		4. DATE OF DEATH <b>3/5/57</b>	
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>11-30-90</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>METER REPAIR MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>IRELAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>MATTHEW CUMMINGS</b>		13b. MOTHER'S MAIDEN NAME <b>BRIDGET COADY</b>		14. NAME OF HUSBAND OR WIFE <b>DELLA CUMMINGS</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>348-07-5113</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VAH RECORDS, JEFF. BARRACKS, MO</b>		ADDRESS	
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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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b> <b>CORONARY ARTERIOSCLEROSIS.</b> ANTECEDENT CAUSES <b>DUE TO (b) HEMIPARESIS RT. SECONDARY TO LEFT INTERNAL CAPSULE INFARCTION.</b> <b>DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED.</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>3YRS. 9MO.</b> <b>3YRS. 9MO.</b> <b>3YRS. 9MO.</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>4200</b>	
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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?	
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22. I hereby certify that I <sup>VA</sup> attended the deceased from 10/2/53, 19  , to 3/5/57, 19  , ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 3:30PM, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Denton</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>3-5-57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-6-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>local</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Ill.</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 6 '57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Denton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd.</b>	
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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 *John J. Kenei*  
.....  
Licensed Embalmer No. *4108*

P. O. Address *St Louis*  
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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.