

path, Welfare Public Service 300 -56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Section, coroner, etc. must use only standard non-removable form for the symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1958

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58-011507
STATE FILE NUMBER

2860
Registrar's No.

Registration District No. Primary Registration District No.

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp			Length of stay in lb		d. STREET ADDRESS 229 1102 Dolman		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Walter John Cummings				4. DATE OF DEATH Month Day Year Mar 10 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 13, 1891		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enameler		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (City and state or country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Cummings				14. MOTHER'S MAIDEN NAME Della Burke			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Burke W Cummings 3327 Arlington Collinville Ill			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia & Peritonitis</i> DUE TO (b) <i>P.O. Tracheoesophageal Fistula</i> DUE TO (c) <i>Resection for Carcinoma of Cervix</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Carcinoma of Cervix Extending to Bladder</i>							INTERVAL BETWEEN ONSET AND DEATH <i>26 days</i> <i>26 days</i> <i>11/31/58</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>161x</i>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1/27/58</i> to <i>3/10/58</i> and last saw her/him alive on <i>3/10/58</i> Death occurred at <i>4:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Joseph E. Jernm, M.D.</i>				22b. ADDRESS <i>607 N. Grand Blvd</i>		22c. DATE SIGNED <i>3/11/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar 13 58	23c. NAME OF CEMETERY OR CREMATORY Mount Olive		23d. LOCATION (City, town, or county) St. Louis City Mo		(State)
24. FUNERAL DIRECTOR E. J. SCHNUR - 3125 LAFAYETTE ADDRESS				25. DATE RECD. BY LOCAL REG. MAR 11 1958		26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i> S.P.	

(Licensed Embalmer's Statement on Reverse Side)

Wash. State
Embalmers Assn.

APR 17 1958

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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.....
Thomas R. Fenwick

Licensed Embalmer No. 379

P. O. Address 3125 Top

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.