

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003277

FILED VS FEB 1 0 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 1114** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI	Length of stay in 1b 2 Weeks	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 BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7427 Pennsylvania ave.

3. NAME OF DECEASED (Type or print) First PEARL Middle M. Last CUMMINGS			4. DATE OF DEATH Month JANUARY Day 30 Year 1960		
5. SEX Female	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 7-12-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME William McFail		13b. MOTHER'S MAIDEN NAME Marian Ashwell		14. NAME OF HUSBAND OR WIFE Roy	

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. 497-01-9347	17. INFORMANT Mrs. M. Augustine	Address 1030 Kilner St. Lemay 25
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the transverse colon with metastasis		INTERVAL BETWEEN ONSET AND DEATH 1 yr. (?)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	153.1
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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 **MARCH 10, 1958** to **JAN. 30, 1960** and last saw her ^{him} alive on **JAN. 30, 1960**
Death occurred at **7:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F R Bradley (Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 1/31/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery
23d. LOCATION (City, town, or county) 1600 Lemay Ferry Rd. Lemay, Mo.		(State)

24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7814 S. Broadway	ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 1 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mjb
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis E. Hoff

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

Note: The above ~~MUST BE~~ **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.