

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1960

-60-004550

Registration District No. 317 Primary Registration District No. 590 500 Registrar's No. 54 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		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 Rural Wellston	Length of stay in lb 6 yrs. 2 mos.	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 St. Vincent's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6236 Enright Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MINNIE K. CUMMINGS			4. DATE OF DEATH Month Day Year Jan. 2, 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 10/19/80	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ferdinand Kaltenbacher		13b. MOTHER'S MAIDEN NAME Maria Roeper		14. NAME OF HUSBAND OR WIFE George R. Cummings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unk.		17. INFORMANT Mrs. Anna Marie Salver, niece. Address Rt. 1, Highland, Illinois	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Years
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	Years
	DUE TO (c) 4200	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome due to Senile Br. changes.		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 type="checkbox"/> NO <input checked="" 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 **October 13, 1953** to **Jan. 2, 1960** and last saw ~~her~~ **her** alive on **Jan. 2, 1960**
Death occurred at **4:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. Bauer MD</i> (Degree or title)	22b. ADDRESS 7301 St. Charles Rock Rd.	22c. DATE SIGNED 1/2/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) cremation	23b. DATE Jan. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Morrell 3710 N. Grand Bl.		25. DATE RECD. BY LOCAL REG. 1-8-60	26. REGISTRAR'S SIGNATURE <i>J. B. Murphy M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Leon E. Percy

Licensed Embalmer No. _____

P. O. Address _____

*1409
St. Louis*

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.