

ISSUING DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

5644

-61-022444

STATE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 7 weeks	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1102 a Edwards Terr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRIET Middle M. Last CUMMINGS			4. DATE OF DEATH Month June Day 14, Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-18-1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 27 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sydney Wetherell		13b. MOTHER'S MAIDEN NAME Mary Riley		14. NAME OF HUSBAND OR WIFE Luke Cummings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No. or unknown) (If yes, give war or dates of service)			17. INFORMANT Address Luke H. Cummings 1102a Edwards Terr		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalopathy, cause undetermined					INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Hypertensive Cardiovascular dis					sev. yrs.
DUE TO (c) Pulmonary edema 360-yoo.8					1 wk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychotic depressive reaction				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	
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.) 334X	
20c. TIME OF INJURY Hour 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 Oct. 1960 to June 14 '61 and last saw her alive on June 13 1961		Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		(Degree or title) M.D.		22b. ADDRESS 5427 Delmar	22c. DATE SIGNED JUN 15 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 17, 1961	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis, Co., Mo.	(State)
24. FUNERAL DIRECTOR A.H. Bocklage 6536 Clayton Rd.		ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 16 1961	26. REGISTRAR'S SIGNATURE [Signature] M.D.

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

Edmond H. Remelius

Licensed Embalmer No.

4283

P. O. Address

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.