

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16210

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3017, Gravos ave St. Ward)

File No.
 Registered No. 4247

2. FULL NAME

Hans Mumm
 (a) Residence. No. 3017 Gravos St., 16 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? 45 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 — HUSBAND OF — Hilda Mumm
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28. 1857

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>72.</u>	<u>7</u>	<u>12</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Park Dept.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Hans Mumm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Hilda Mumm
 (Address) 3017 Gravos ave.

15. FILED: 1.0. 1929
Wm. Starnes
 REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 4.9 1929, to April 9th 1929, that I last saw him alive on April 9th 1929, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilation of heart; chronic myocarditis & Valvular lesions with marked hypertrophy
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Atherosclerosis, Chronic pulmonary emphysema
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Wm. F. Simon, M. D.

4. 10, 1929 (Address) 1115 Victor Str.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethania DATE OF BURIAL April 13 1929

20. UNDERTAKER Thos. Lutz's ADDRESS 2906 Gravos ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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