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

Do not use this space.

14158

**1. PLACE OF DEATH**

County ..... Registration District No. 791 ~~1003~~

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 3490

**2. FULL NAME** Michael Mummert

(a) Residence. No. 4115 Juniata Street St., 16 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Mummert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 17, 1852

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 1 | 16 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jacob Mummert

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Maggie Mummert
(Address) 4115 Juniata Street

15. FILED APR -8 1930 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6th, 1930.

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1930, to April 6, 1930 that I last saw him alive on April 6, 1930, and that death occurred, on the date stated above, at 6:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebellar Hemorrhage (Left)

131

89A

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 4115 Juniata Street

DID AN OPERATION PRECEDE DEATH? no DATE OF ----

WAS THERE AN AUTOPSY? --------

WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical findings

(Signed) G. L. Hertel M. D.

4/7/30 (Address) 3608 S. Grand Blvd.

*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 Old St. Marcus

DATE OF BURIAL Apr. 8, 1930

20. UNDERTAKER Wacker-Helderle

ADDRESS 2331 S. Brdwy.

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.

WHITE PERFECT, WITH UNFADING INK—THIS IS A PERMANENT RECORD