

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

Do not use this space.

8289

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **4013**  
City **St. Louis Mo** (No. ....)

File No. ....  
Registered No. **2682**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **3385 Pine Blvd** St., **21** Ward.

Length of residence in city or town where death occurred **8** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male**  
4. COLOR OR RACE **Col**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Apr 25-1894**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**36 3 1**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. **Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer) **M. G. Bell**  
(c) Name of employer **Family Supply Co.**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala**

**PARENTS**  
10. NAME OF FATHER **Melvin Hummel**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ala.**  
12. MAIDEN NAME OF MOTHER **Jessie Johnson**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ala**

14. INFORMANT **x Arnold Boyd**  
(Address) **3030 Bell Ave**

15. FILED **1919** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 26 19 81**

17. I HEREBY CERTIFY, That I attended deceased from **2-22** to **2-22** 19**81**, that I last saw him alive on **2-22**, 19**81**, and that death occurred, on the date stated above, at **10, 6. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Bronchial Pneumonia**  
**107A**

CONTRIBUTORY (SECONDARY) **107A**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **(1)**  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS **Physical**  
(Signed) **Dr. C. S. ...** M. D.  
. 19 (Address) **2746 Franklin**

\*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 **Jefferson Parish, March 2 19 81** DATE OF BURIAL

20. UNDERTAKER **Amey E. Peltier** ADDRESS **3030 Bell**

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.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

**1. PLACE OF DEATH.**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. 2688  
 City..... (No. 3333 Pine St)..... St. .... Ward)

**2. FULL NAME**

Tommie Hammond

(a) Residence, No. 3333 Pine St., ..... 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26-1931

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ....

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Nelson Hammond

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER .....

WHAT TEST CONFIRMED DIAGNOSIS?.....

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

(Signed)....., M. D.  
 , 19 (Address)

\*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.

14. INFORMANT Archie Ford  
 (Address) 3333 Pine St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL .....

15. FILED..... 19..... Max C. Slackhoff  
 REGISTRAR

20. UNDERTAKER ..... ADDRESS .....

5-8289