

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 10055
 City St. Louis (No. City Hospital) St. Ward)

24369
 File No.
 Registered No. **6491**

2. FULL NAME Charles Hummelshain
 (a) Residence, No. 1107 Bates St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | **4. COLOR OR RACE** white | **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1872

7. AGE YEARS 60 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car gar mfg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 118
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME George Hummelshain

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

MOTHER
15. MAIDEN NAME Wilhelmina Knecht

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE 7-16 1932

19. UNDERTAKER (ADDRESS) Ziegenhein Bros

20. FILED 11 13 1932 Ray C. Warden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY, (What I attended deceased from July 10 1932 to July 14 1932 I last saw him alive on July 14 1932 Death is said to have occurred on the date stated above, at 10:15 a.m.)
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
95 B
82 B
111 B
 Other contributory causes of importance:
Cubic Decomposition
Pneumonia congestiva

Date of onset 7-10-32

Name of operation Date of
 What test confirmed diagnosis? Clinical Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Arthur A. Thnee, M. D.
 (Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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