

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

Do not use this space.

27463

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St. Louis (No. 3823 Botanical Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7270

**2. FULL NAME** Emma Jean Hummel

(a) Residence, No. 3823 Botanical Ave St. 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 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) June 24-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME F. S. Hummel

14. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Estelle Waters

16. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Missouri

17. INFORMANT F. S. Hummel (ADDRESS) 3823 Botanical Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid Mo DATE August 8 1932

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1671 Mississippi Ave

20. FILED 7 1932 19 K. H. Starling Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 6, 1932

I last saw her alive on July 12, 1932. Death is said to have occurred on the date stated above, at 1:30 am.

The principal cause of death and related causes of importance were as follows:

Lympho. sarcoma

Date of onset

Other contributory causes of importance:

Name of operation Cantery removal of tumor Date of 11/1/31

What test confirmed diagnosis? Was there an autopsy?

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? no

If so, specify W. H. Riley (Signed) H. B. D. Maryland, M. D. (Address)

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 7270  
St. .... Ward)

**2. FULL NAME**

Emma Jean Hummel

(a) Residence, No. .... 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**

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

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 3 10 19 Max C Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the day stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

dysplastic sarcoma  
Primary seat - scalp on head  
examination given over phone  
by Dr. Wm H. Riley, Div. of U. S.  
10-26-32

Other contributory causes of importance:

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

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) ....., M. D.

(Address)

SUPPLEMENTARY 52

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

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