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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital #1 ..... St. ..... Ward)

File No. 3946

Registered No. 985

96
39
9

2. FULL NAME HELEN EVELYN HUMMEL

(a) Residence, No. 6102 Washington St., 5 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/29/13

7. AGE: YEARS 23 | MONTHS 7 | DAYS 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1/19/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trinidad, Colo. 2

FATHER

13. NAME Henry Bradford Hummel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg, PA 2

MOTHER

15. MAIDEN NAME Belle Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, Pa 2

17. INFORMANT (ADDRESS) Margaret Hummel 6102 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Inc. DATE 1/23/37 19

19. UNDERTAKER (ADDRESS) Alexander and Sons 6175 Delmar Blvd

20. FILED JAN 22 1937 19 J H Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/37, 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:32 P m.

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

Date of onset

Basal Fracture of Skull
Subdural Hemorrhage of Brain
Internal Hemorrhage from
Ruptured Liver received when

Other contributory causes of importance:

struck by auto in St. Louis, Mo.
Deceased was a pedestrian
Whether criminal or accidental could not be ascertained

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Open Verdict Date of injury 1/19, 1937

Where did injury occur? In Public Place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. St. Louis, Mo.

Manner of injury Struck by auto.

Nature of injury Basal Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Alfred J Perry 4, ~~M.D.~~

(Address) Deputy Coroner