

JAN 10 1938

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

43726  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **4362 Hunt 1003** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Katherine Humm**

(a) Residence, No. **4362 Hunt Ave.** St. **18**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 9, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**78 3 17**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Philip A. Ehmer**

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

15. MAIDEN NAME **Katherine Roehrig**

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

17. INFORMANT **Nicholas Humm**  
 (ADDRESS) **4362 Hunt Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Paul 12-29 '37**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**  
 (ADDRESS) **4228 So. Kingshighway**

20. FILE **DEC 28 1937** **J. Bredeck**  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-26 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec-26 1937**, to **Dec-26 1937**  
 I last saw her alive on **Dec-26 1937** Death is said to have occurred on the date stated above, at **9:05 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Coronary Sclerosis**  
**Arterio Sclerosis**  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Hypertension** 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 .....  
 (Signed) **J. S. Blunt**, M. D.  
 (Address) **2500 S. Kingshighway**

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

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.

899

50 M-7-26-37 I X12004

2500 80 / Tom [unclear]  
P.A.M.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Reinhold A. Lehmann*

Licensed Embalmer No. *3395*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**