

730

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

16751  
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township **St. Louis** Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **217 1/2** **Market** St. Registered No. **4285**  
(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? **50** yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **564 Theodore Kummerle** St. **217 1/2 Market** St. **25**  
(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 **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**85** **1** **-**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Rep. Rodging Ho**  
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) **Switzerland**

FATHER 13. NAME **Unknown Kummerle**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **August Balter**  
**209 S. Main St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **No Crematory** DATE **5-9 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Witt Bros & Co**  
**2929 S. Jefferson Av.**

20. **MAY 8 1939** 19..... **J. B. Buddeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4 1939**

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 **3:40** m.

The principal cause of death and related causes of importance were as follows:  
**Some what wound in head**  
**Left Admitted in hospital**  
**April at 217 1/2 Market St.**  
**on May 4 1939**

Other contributory causes of importance:  
**167**

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? **Accident** Date of injury **May 4 1939**  
Where did injury occur? **St. Louis**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **See Above**  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify  
(Signed) **J. B. Buddeck**  
(Address) **Deputy Registrar**

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Paul A. Shanklin*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed .....

*Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *7929 S. Jefferson*

**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.)**

**If this body is not embalmed, above space should be left blank.**