

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

16893
 Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH
 (a) County..... 1 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003
 (c) City..... St. Louis, Mo. (d) Street No..... Desloge Hospital 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 541 MATHILDE E. HUMMEL
 (a) Residence, No. 2641a Russell Blvd. St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Sept. 19, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 53 7 21

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.
 10. Date deceased last worked at this occupation (month and year) Feb. 22, 1939 11. Total time (years) spent in this occupation

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

FATHER
 13. NAME August Hummel, 0

14. BIRTHPLACE (CITY OR TOWN) Germany 6 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Mathilde Laurenz 6

16. BIRTHPLACE (CITY OR TOWN) Germany 6 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Aug. Schummel 36474 Cote B. B. Bank

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE 5/15/39 19

19. FUNERAL DIRECTOR (NAME) Oscar J. Hoffmeister (ADDRESS) 4016 Chippenwa St.

20. FILED MAY 13 1939 J. F. Bredeh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 4/21/39, 19, to 5/10/39, 19

I last saw him alive on 5/9/39, 19. Death is said to have occurred on the date stated above, at 3 p. m.

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

Hypertensive Cardis - Vasculan Disease
 Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of... Was there an autopsy? Yes

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) G. O. Brown, M. D. (Address) 1325 S. Grand.

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

Signed *Howard Rowland*

Licensed Embalmer' No. *3114*

P. O. Address *St Louis Mo*

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.