

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether _____)
In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4032 Flad Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTIAN L. HUMMEL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased December 6, 1952
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 0 25 hr. min.

9. Birthplace Allentown, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Hummel Mfg. Co.

11. Industry or business retired 20 years

12. Name Christian Hummel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Dripper

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Hummel (wife)

(b) Address 4032 Flad Avenue

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 230 Lafayette Avenue

19. (a) JAN 23 1942 (b) J. D. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1942 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan. 17, 1941 to Jan. 1, 1942
that I last saw him alive on Dec. 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hrs.
Due to arterial hypertension plau.
Due to arteriosclerosis gene.

Other conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Prostatic hypertrophy, benign PHYSICIAN _____
Of operations 2 bladder-neck ablations Underline the cause to which death should be charged statistically.
Of autopsy Prostatic operation 12-8-41

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Andy Hall, Jr., M.D. (M. D. or other) _____
Address 634 W. Grand Ave., St. Louis Date signed 1-2-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Ralph O. Linders Registered Apprentice No. 281
working under my personal supervision.

Signed Paul A. Keith
Licensed Embalmer No. 3612
P. O. Address 2317 Lafayette

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, fact should be so stated above.