. No. 2
I—5-42
5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25936

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6848

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: 8538 Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 128
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8538 Park Lane
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George B. Hummel
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loretta Hummel
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Aug. (Month) 7th (Day) 1862 (Year)

8. AGE: Years 80 Months 0 Days 7 If less than one day hr. min.

9. Birthplace nk. (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Fruit Grower
11. Industry or business

FATHER
12. Name William Hummel
13. Birthplace Unk. (City, town, or county) Imdiana (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Unk. (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Harry M. Hummel
(b) Address 8538 Park Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Alsiater, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) AUG 14 1942 (Date received local registrar) (b) J. E. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th year 1942 hour 6.15 minute A M.
21. I hereby certify that I attended the deceased from May, 1942, to Aug 14, 1942, that I last saw him alive on Aug 7, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic — Duration
Due to: Cause unknown
Due to:
Other conditions (Include pregnancy within 3 months of death): Old age - senility

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 0

23. Signature K. O. Wilson (M. D. or other)
Address 5200 Beacon Date signed Aug 14-42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.