

FILED OCT 21 1942
318

Registration District No.

Primary Registration District No. 1003

8339

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... Three days
(Specify whether years, months or days)

In this community..... 17 years
(Specify whether 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. 4246a Labadie Ave
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Adam John Hummel

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... October day..... 6
year..... 1942 hour..... 3:05 minute..... 0 M.

4. Sex..... Male 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Carrie Lunte Hummel

6. (c) Age of husband or wife if alive..... 79 years

7. Birth date of deceased..... March 6 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... Oct 3
19..... 1942
that I last saw him alive on..... him Oct 5 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

86 7 - hr. min.

Immediate cause of death..... Arteriosclerosis
with hypertension

Due to.....

Due to..... 97

9. Birthplace..... Ft Wayne Indiana
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation..... None

11. Industry or business.....

12. Name..... Unknown Hummel

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Mrs Lawrence Klue
(b) Address..... 4246a Labadie

17. (a) Burial (b) Date thereof..... 10-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Our Redeemer Cemetery

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?.....

18. (a) Signature of funeral director..... Beiderweden Funeral Home Inc
(b) Address..... 1936 St Louis Ave

19. (a) 8 1942 (b) J. F. Knebeck
(Date received local registrar) (Registrar's signature)

23. Signature..... Wm B. Kunitz (M. D. or other)
Address..... 4510 Olive Date signed..... 10/6

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

Perma B. Kowitz

4500 Olive

2-6-60 P.M.

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 *Delbert J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address: *1936 St. Louis*

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.