

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
FILED MAY 22 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1141

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8538 Park Lane Avenue., 1
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings 96
(If outside city or town limits, write "RURAL")

(d) Street No. 8538 Park Lane Avenue., 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Loretta Carr Hummel

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Unknown Hummel

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

7. Birth date of deceased February 18, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	25	hr. _____ min.

9. Birthplace Johnson City Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Hummel

(b) Address 8538 Park Lane Avenue.,

17. (a) Burial (b) Date thereof 5/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) MAY 15 1947 (b) Ed-Mel Kavanagh, 1943
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1942
Aug 1942 to 5-13 1943
that I last saw h. alive on 5-13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis Chronic

Due to Hypertension -

Due to anemia - Permissio

Other conditions None
(Include pregnancy within 3 months of death)

Duration
2-3-26

Major findings:
Of operations _____
Of autopsy 938

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? _____

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

23. Signature Kenneth O. Wilson (M. D. co-signer) _____
Address 5200 Beacon Date signed 5-14-43

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..... *Henry M. Brammer*

Licensed Embalmer No..... *4200*

P. O. Address.....

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.