

FILED JUL 8 1943 318

State File No. \_\_\_\_\_  
Registrar's No. 5754 ✓

Registration District No. 318 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:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5867 Cote Brilliant  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1943 hour 12 minute 10 A.  
21. I hereby certify that I attended the deceased from  
June 1 1943 to June 22 1943  
that I last saw him alive on June 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Diabetes Mellitus

Duration

10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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.

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 W. J. Kepper (M. D. or other) MD  
Address 402 River Hwy Date signed 6-22-43

3. (a) PRINT FULL NAME ED HUMMERT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Anna Hummert 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 28 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 3 24 hr. min.

9. Birthplace Hope Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name August Hummert

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

14. Maiden name Louisa Hoellner

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

16. (a) Informant Anna Hummert

(b) Address Morrison Mo.

17. (a) Removal (b) Date thereof 624-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Mo.

18. (a) Signature of funeral director Louis H. Sapp, Inc

(b) Address Kirkwood Mo.

19. (a) JUN 20 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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

*John M Meyer*

Licensed Embalmer No. *3288*

P. O. Address. *Werkwood, 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.**

VICTOR B. KIEFFER, M. D.  
402 LISTER BUILDING  
SAINT LOUIS, MISSOURI  
TELEPHONE FOREST 3800

July 16, 1943.

TO WHOM IT MAY CONCERN:

This is to certify that I signed the death certificate for the Bureau of Vital Statistics on Edward Hummert, living at 5867 Cote Brilliante. The date of death was June 22, 1943, and I had treated him since June 1, 1941.

I had been informed that he had been under treatment by other doctors at infrequent intervals for ten years. I now understand from the family that this was a mis-statement. Inasmuch as my personal observation and attendance dates from June 1, 1941, at which time I discovered the presence of diabetes, this statement should be changed from ten years to two years.

Yours truly,



V. B. KIEFFER M.D.

CITY OF ST. LOUIS  
STATE OF MISSOURI

Subscribed and sworn to before me a Notary Public for City of St. Louis State of Missouri this 16th day of July 1943.



Notary Public

My commission expires Oct. 22, 1943

S-19712