

FILED **SEP 18 1944**

Registration District No. **27**

Primary Registration District No. **6076**

Registrar's No. **190077**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home & Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **6 yr. 1 mo. 27 da.**
(Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **91**
(c) City or town **Manchester**
(If outside city or town limits, write "RURAL")
Street No. **Manchester Nursing home**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **U**

3. (a) PRINT FULL NAME **Orville Hammel**

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

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

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

7. Birth date of deceased **October 7 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	10	27	hr. _____ min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **R. E. Hommel**

13. Birthplace **Lebanon Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Deuper**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs R.E. Hommel**

(b) Address **Nashville, Ill.**

17. (a) **Burial** (b) Date thereof **Sept. 8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **A. Row R. H. Co.**

(b) Address **2707 N. Grand Bldg**

19. (a) **SEP 9-1944** (b) **C. G. McCarson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **7**
year **1944** hour **4** minute **17** M.

21. I hereby certify that I attended the deceased from **Dec 1** 19**43** to **5** 19**44**
that I last saw him alive on **24 51** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration

Due to **urinary retention**

Due to _____

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

Major findings:
Of operations _____

Of autopsy **131**

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 **Anton J. Merklin** (M. D. or other) _____
Address **3507 Potomac** Date signed **9-7-44**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *V E Morris*
Licensed Embalmer No. *3360*
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.