

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:
3923 MEREE AV. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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. 3923 MEREE AV.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME LOUISE G. HUMMER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW?

6. (b) Name of husband or wife Louis W. Hummer

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

7. Birth date of deceased DEC. 21 1863
(Month) (Day) (Year)

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

79 9 18 hr. min.

9. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK OWN.

11. Industry or business _____

12. Name SUNDERMAN

13. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name UNK

15. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hummer

(b) Address 3923 Merree Av

17. (a) BURIAL (b) Date thereof Oct 12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director E. J. Schman

(b) Address 3125 Lafayette Av

19. (a) OCT 10 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th, 1945
year 1945 hour 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from 6-13-44 to _____, 19____, that I last saw her alive on Oct 8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
myocarditis since 7-30-45

Due to cholelithiasis 7-30-45

Due to age of deceased
cardiomyopathy

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

Major findings: _____

Of operations _____

Of autopsy _____

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 3

23. Signature John T. Flynn B.S. M.D.
(M. D. or other)

Address 1758 31st St. St. Louis Date signed 10-29-45

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

0
7
9

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.....

Joseph B. Vollmer

Licensed Embalmer No. *4614*

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.