

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 132
Registrar's No. 441

FILED JAN 25 1946
Registration District No. 318 Primary Registration District No. 1003

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

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:
4961 Harney Ave
(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 Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 7 17
(d) Street No. 4961 Harney Ave
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Henry J. Brummel
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 Widowed
6. (b) Name of husband or wife Josephine Brummel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 11, 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Cigar Maker

11. Industry or business _____

12. Name Henry Brummel

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

14. Maiden name Catherine Spindler

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

16. (a) Informant Mrs. Josephine Feldhaus

(b) Address 4961 Harney Ave

17. (a) Burial (b) Date thereof 1/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of removal Calvary

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JAN 15 1946 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 13,
year 1946 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Jan
_____ 1940 to Jan 13 1946
(that I last saw him alive on Jan. 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
arterio sclerosis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 97

Major findings: _____
Of operations _____

Of autopsy _____

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 J. R. Mcrown (M. D. or other) MD

Address 5770 Gerald Ave Date signed 1/17/46

Duration

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ben C. Hoffman

Licensed Embalmer No. 4366

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.