

S. No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18963
Registrar's No. 4860

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:
2619 Nat Bridge Blvd /
(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

3. (a) PRINT FULL NAME Minnie Hummel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Louis Hummel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 27 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 15
*~~27~~ hr. _____ min. If less than one day

9. Birthplace Waterloo Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Gaertner

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

14. Maiden name Caroline
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Moran

(b) Address 2619a Nat Bridge Blvd

17. (a) Burial (b) Date thereof May 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion, s. Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) MAY 14 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2619 Nat Bridge Blvd
(If rural, give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1947 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 1-7-47 to 5-12-47
that I last saw her alive on 4-7-47 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix ?

Due to Abnormal Cervix

Other conditions Hb
(Exclude pregnancy within 3 months of death)

Major findings: As above
Of operations _____
Of autopsy not done

Duration _____
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? _____

23. Signature J. F. Brudeck (Specify type of place) _____
Where at work? _____ (c) Means of injury _____
Date signed 5/15/47 (M. D. or other) M.D.

J. W. Thompson
4952 Maryland
1.3 P.M.

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 A. Merina*
Licensed Embalmer No. *4186*
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.