No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38351

FILED DEC 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10336

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: 2205a Missouri Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2205a Missouri Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME August F. Kummer

3. (b) If veteran, name war ---

3. (c) Social Security No. 488-18-6422

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 31 (Day) 1870 (Year)

8. AGE: Years 77 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

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

16. (a) Informant Arthur J. Kummer
(b) Address 5608 Bancroft

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker-Heldeste
(b) Address 3634 Gravois Ave.

19. (a) NOV 29 1948 (Date received by local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1948 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 24, 1948, to Nov. 26, 1948, that I last saw him alive on Nov. 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Haemorrhage	2 days
Due to Duodenal Ulcer	4 yrs
Due to Arteriosclerosis	8 yrs

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Julius Otto Kotter (M. D. or other) MD
Address 2603 Cherokee St Date signed Nov. 27, 48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wheeler

Licensed Embalmer No. 2128

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.