

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31861**
7899

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 1290	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 1810 ARSENAL	

3. NAME OF DECEASED (Type or Print) PETER — HUMMEL			4. DATE OF DEATH SEPT. 11, 1949		
a. (First)		b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15, 1881	9. AGE (In years last birthday) 68	if UNDER 1 YEAR Months - Days 27	if UNDER 1 HR. Hours - Min. -
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HUNGARY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	-----------------------------------	--	--	--	--	--

13a. FATHER'S NAME Jacob Hummel		13b. MOTHER'S MAIDEN NAME Katherine Reichert		14. NAME OF HUSBAND OR WIFE BARBARA HUMMEL	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 88-03-0313		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BARBARA HUMMEL 1810 ARSENAL	
--	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriosclerotic heart disease</p> <p>DUE TO (c)</p>		2 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4250	
--	--	--	--	--	--	--

22. I hereby certify that I attended the deceased from **Sept 1948**, to **Sept 11, 1949**, that I last saw the deceased alive on **Sept 11, 1949**, and that death occurred at **11:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul W. Parashak M.D.		23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 9/12/49	
---	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
---	--	---------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REGS. SEP 12 1949		REGISTRAR'S SIGNATURE J.B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutzi 2906 Gravois	
--	--	---	--	---	--

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Harold C. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Evans

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.