

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38858
10455

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 MO. b. COUNTY 280			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS STATE HOSP.				d. STREET ADDRESS (If rural, give location) 116 W. ELWOOD			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) F.		c. (Last) HUMM		4. DATE OF DEATH (Month) (Day) (Year) DEC. 3, 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE-III		8. DATE OF BIRTH MAY 18, 1878	
9. AGE (In years last birthday) 71		10. MONTHS 6		10. DAYS 15		10. HOURS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GATE WATCHMAN (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R.R. CO.		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. D		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME FRERERICK HUMM		13b. MOTHER'S MAIDEN NAME ANNABELLE KRIEGSHAUSER		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS AUGUST V. GRAF 3848 FLAD AV.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 yrs.	
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) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 200			
22. I hereby certify that I attended the deceased from May 12, 1947, to Dec. 3, 1949, that I last saw the deceased alive on Dec. 3, 1949 and that death occurred at 7:00p m., from the causes and on the date stated above.							
23a. SIGNATURE R. Hoffacker, M.D.				23b. ADDRESS (Degree or title) 5400 Arsenal St.		23c. DATE SIGNED 12/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 6, 1949		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, CO. MO.	
DATE REC'D BY LOCAL DEC 5 1949		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY			

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

(Licensed Embalmers' 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.