

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2751

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 261

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis u township) c. LENGTH OF STAY (in this place) 2069
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital
d. STREET ADDRESS (If rural, give location) 4712a Ashland Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) F. c. (Last) Lumma
4. DATE OF DEATH (Month) (Day) (Year) I/8/50

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 12/31/05
9. AGE (in years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Own Business 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Carl Lumma 13b. MOTHER'S MAIDEN NAME Marie Thiel 14. NAME OF HUSBAND OR WIFE Edna Lumma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY 490-01-7783 17. INFORMANT'S SIGNATURE OR NAME Edna Lumma ADDRESS 4712a Ashland Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Myocardial infarction*
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) *of ampulla of Vater*
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
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 as above 20. AUTOPSY? YES NO

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) 155X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/49 19, to 1/8/50, 19, that I last saw the deceased alive on 1/7/50, 19, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE *Loan Sauer* (Degree or title) MD 23b. ADDRESS 634 N. Grand Ave 23c. DATE SIGNED 1/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE I/11/50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 10 1950 REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir ADDRESS 2849 Euclid

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Gustav W. Dittler

Signed.....

Student Embalmer

Licensed Embalmer No. *4329*

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.