

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6240  
Registrar's No. 1640

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
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 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 3454 WINNEBAGO	
3. NAME OF DECEASED (Type or Print) a. (First) NICHOLAS b. (Middle) - c. (Last) HUMMEL			4. DATE OF DEATH (Month) (Day) (Year) FEB. 18 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH FEB. 2, 1904
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) HUNGARY
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME JOHN HUMMEL	
14. NAME OF HUSBAND OR WIFE (Deceased) MARGARET HUMMEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH HUMMEL 4029 NEBRASKA	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. of brain suffered when struck with fist of one Gilbert Almont in home at 3454 Winnebago		DUE TO (c) about 115 am Feb 18 51	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Eminent Humile	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (a.e. in or about home, farm, factory, store, office bldg., etc.) Suicide	21b. PLACE OF INJURY (a.e. in or about home, farm, factory, store, office bldg., etc.) Suicide	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 18 51 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6983	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 115P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick E. Taylor, M.D.		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 21 1951	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. FEB 19 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois	

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 \_\_\_\_\_

*Leo J. Budder*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3989

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.