

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14271**
Registrar's No. **11077**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo. | | c. CITY OR TOWN Lemay 4840 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY Hosp. | | e. STREET ADDRESS (If rural, give location) 4509 LEMAY | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) HUMMEL c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1953 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JULY 22 1892 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) HUNGARY | |

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| 13a. FATHER'S NAME JOHN HUMMEL | 13b. MOTHER'S MAIDEN NAME MARGARET | 14. NAME OF HUSBAND OR WIFE ANNA HUMMEL |
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| 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. NONE | 17. INFORMANT'S SIGNATURE OR NAME ANNA HUMMEL ADDRESS 4509 LEMAY |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 10 1/2 |
| | ANTECEDENT CAUSES Morbid 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. myocarditis | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 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) |
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| 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? 331X |
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22. I hereby certify that I attended the deceased from **Nov 14 1953**, to **Nov 20 1953**, that I last saw the deceased alive on **Nov 20 1953**, and that death occurred at **5:30** m., from the causes and on the date stated above.

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| 23a. SIGNATURE H. J. MOON M.D. (Degree of title) | 23b. ADDRESS 917-8018 | 23c. DATE SIGNED 11-21-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE Nov. 23 1953 | 24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK | 24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo. |
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| DATE REC'D BY LOCAL REG. NOV 23 1953 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Leticia ADDRESS 2906 Garois |
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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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Bupp*.....
Licensed Embalmer No. *3989*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..