

38872

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 22 1954

10052

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 _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place township) 5 Mo.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 3400 S Grand Little Sisters of the Poor				e. STREET ADDRESS (If rural, give location) 15 4020a S. Broadway				2159		
3. NAME OF DECEASED (Type or Print) a. (First) Rose			b. (Middle) ---			c. (Last) Hummel			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 25, 1871		9. AGE (In years last birthday) 83		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Metts			13b. MOTHER'S MAIDEN NAME Lucy Rodgers			14. NAME OF HUSBAND OR WIFE Henry				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Hummel			ADDRESS 7522 Reilly St. Louis, Mo.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 years		
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) _____		
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? 4500						
22. I hereby certify that I attended the deceased from 11/2/54 , 19____, to _____, 19____, that I last saw the deceased alive on 11/2/54 , 19____, and that death occurred at 1 A. m. , from the causes and on the date stated above.										
23a. SIGNATURE Albert Wagoner (Degree or title) _____				23b. ADDRESS 405 W. University Club Bldg			23c. DATE SIGNED 11/5/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) 9900 S. Broadway		(State) _____		
DATE REC'D BY LOCAL REG. NOV 5 1954		REGISTRAR'S SIGNATURE Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister U. & L. Co.			ADDRESS 7814 S. Broadway St. Louis 11 Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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 *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*

P. O. Address *7814 S. B.*

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.