

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-004575**

**FILED VS FEB 1 1960**

**317**

Registration District No. \_\_\_\_\_ Primary Registration District No. **500** Registrar's No. **150**

STATE FILE NUMBER

|   |                                  |   |  |  |   |  |  |
|---|----------------------------------|---|--|--|---|--|--|
| 1. PLACE OF DEATH   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |   |  |  |
| a. COUNTY <b>ST LOUIS,</b>  |                                  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>AFFTON</b>  |  | Length of stay in 1b<br><b>1 YR.</b>   |   | c. CITY OR TOWN <b>AFFTON MISSOURI</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST LOUIS COUNTY HOSP,</b>  |                                  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |   | d. STREET ADDRESS (If outside, give location) <b>9029 TURQUOISE</b>  |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                  |   |  |  |   |  |  |
| 3. NAME OF DECEASED (Type or print)   |                                  |   |  | 4. DATE OF DEATH   |   |  |  |
| First <b>JAMES</b>  |                                  | Middle <b>J.</b>  |  | Last <b>HUMMEL</b>   |   | Month Day Year<br><b>JAN, 14, 1960</b>   |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/13/1892</b>             | 9. AGE (last birthday)<br><b>67</b>  | IF UNDER 1 YEAR<br>Months Days                                  | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>unk.</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>ST LOUIS MISSOURI</b>                       |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>JACOB HUMMEL</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>ANN RUBBELKE</b> |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>CATHERIN HUMMEL</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>#</b>              |  | 17. INFORMANT Address<br><b>CATHERINE HUMMEL 9029 TURQUOISE</b> |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |                                  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (a) <b>Melanoma Malignant Cancer</b>  |                                  |   |  |  |   | <b>AFFTON MO.</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |  |   |  |  |
| DUE TO (b) _____  |                                  |   |  |  |   |  |  |
| DUE TO (c) _____  |                                  |   |  |  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   |                                  | Month, Day, Year  |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY STATE   |  |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at <b>7:22A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>John C. Murphy M.D. Asst. Health Commissioner</b>  |                                  |   |  | 22b. ADDRESS<br><b>801 S. Brentwood Clayton, Mo.</b>   |   | 22c. DATE SIGNED   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>   |                                  | 23b. DATE<br><b>1/16/60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CALVARY CEMETERY</b>                                |   | 23d. LOCATION (City, town, or county) (State)<br><b>ST LOUIS MISSOURI</b>  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>STROOT - CARROLL 4600 NATURAL BRIDGE</b>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>1-15-60</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy M.D.</b>  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M W Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.