

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7713
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 2
 (b) Township Afton Primary Registration District No. 200 Registered No. 302
 (c) City Afton (d) Street No. R. R. 1, Afton, Missouri
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Henry Ummelmann
 (a) Residence, No. R. R. No. 1 Afton, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Missouri
 FATHER 13. NAME William Ummelmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Franciska Lutert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Walter Ummelmann - Brother Afton, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem DATE Feb. 23, 1939
 19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister Und. & L. Co. 7814 S. Broadway, St. Louis, Mo.
 20. FILED FEB 20 1939 W. R. Meyer, M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Feb 29, 1939
 I last saw him alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 4:45a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset May 20 1938
Chronic interstitial nephritis 1930
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Walter T. Selley, M. D.
 (Address) Afton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

See other side of page

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)