

MAY 15 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
3504-A Utah Street. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Frank Gummels. 51423. (b) If veteran, name war. _____ 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Emma Gummels. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased September 12th, 1856.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
83 7 7 _____ hr. _____ min.9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired 911. Industry or business City Fireman12. Name Eilert Gummels 918. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eilert P. Gummels.(b) Address 3504-A Utah Street17. (a) Burial (b) Date thereof April 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Ziegenhain Bros.(b) Address 2623 Cherokee Street.19. (a) APP 22 1940 (b) _____
(Date of burial or cremation) (City or town) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis. 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3504-A Utah Street.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th.
year 1940. hour 12 minute 20 A.M.21. I hereby certify that I attended the deceased from
4-6- 1940, to 4/19- 1940,
that I last saw him alive on 4-19- 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic myocarditis

Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work _____ (e) Means of injury _____
 28. Signature J. P. Gummels (M. D. or other) _____
 Address 3504-A Utah Street Date signed 4/20/40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *V E Morris*

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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, above space should be left blank.