

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

Do not use this space.

38957

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City Hosp.) St. .... Ward)

File No. ....  
Registered No. 11626

**2. FULL NAME**

(a) Residence No. 707 S. Broadway St. 22 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OF 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 8 - 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
10 10 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work School  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leadwood (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Hamm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Libertyville (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Josephine Liberty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leadwood (STATE OR COUNTRY) Mo.

14. INFORMANT John Hamm (Address) 707 S. Broadway

15. FILED Nov 29 1928 19 Nov 29 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 9:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Definitive cerebral spinal simple case in labor 7 1/2 hrs (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 710 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. Kerner M.D. 11/29/28 (Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL De Slogge Mo DATE OF BURIAL 12/2 1928

20. UNDERTAKER Boyer Und. Co. ADDRESS De Slogge Mo

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

