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

Do not use this space.

31771

1. PLACE OF DEATH
County Saint Louis — Registration District No. 785 — File No.
Township — Primary Registration District No. 3037 — Registered No. 158
City Kirkwood (No. 696 West Washington St. Ward)

2. FULL NAME Edgar R. Hammel
(a) Residence. No. 325 Kingshighway Pk. St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Hammel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 22 1882

7. AGE: Years 47 — Months 4 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis.
(STATE OR COUNTRY): Missouri.

PARENTS
10. NAME OF FATHER: Michael Hammel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Regina Karleskind
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Nancy Hammel
(Address) 325 Kingshighway Park

15. FILED 10/10 1929 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Thurs. Sept 19 1929.

17. I HEREBY CERTIFY, That I attended deceased from June 19th, 1929, to Sept 19, 1929, that I last saw him alive on Wednesday Sept. 1929, and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paresis
83 76
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St. Louis.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Inez Toby Pettit, M.D.
, 19 (Address) Kirkwood, Mo.

*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: New Sr Marcus — DATE OF BURIAL: 9/21 1929

20. UNDERTAKER: C. Hoffmeister & Co — ADDRESS: 7814 So Broadway

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 24 1929

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