

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

Do not use this space.

3028

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 2407-2nd St)

Registration District No. 791
Primary Registration District No. 1023

File No.....
Registered No. 211
St. Ward)

2. FULL NAME

(a) Residence. No. 2407-2nd St St. W3 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 My Lorch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 - 1864

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>8</u>	<u>23</u>	

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

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

10. NAME OF FATHER Adam Hammon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) 10

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Harry Lorch
(Address) 2407-2nd St

15. FILED Jan -6 1931 Max C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1930 to JAN 6, 1930 that I last saw h. alive on JAN 6, 1930, and that death occurred, on the date stated above, at 3:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
SECONDARY CARCINOMA OF LIVER & CHRONIC VALVULAR HEART DISEASE (MITRAL REGURGITATION)

(duration) 1 yrs. 6 mos. — ds.
CONTRIBUTORY (SECONDARY) CARCINOMA OF 3RD FINGER RT HAND REMOVED MAY 1929 (duration) 1 yrs. 8 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 1/6
20. WERE THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS X (Microscopic)
(Signed) Walter E. Smith, M. D.
1-6 1930 (Address) 1405 S. Sidney

*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 St. Matthews DATE OF BURIAL Jan 8 1931

20. UNDERTAKER Wacker Belderle ADDRESS 2331 S. Blum

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.

