

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

Do not use this space.

2709

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 10055
City..... St. Louis Mo. (No.) Sanitarium St. Ward

File No.
Registered No. 407 St. Ward

2. FULL NAME

(a) Residence, No. 1639 Lulu St. 13 Ward. St. Louis County Mo.
(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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Unknown Missouri

13. NAME John Hammerly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William T. Gutter M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE Jan 15 1932

19. UNDERTAKER (ADDRESS) Proctor and Co. 3710 1/2 Grand Ave

20. FILED Jan 13 1932 Wm C. Harker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1931, to Jan 12 1932
I last saw her alive on Jan 12 1932. Death is said to have occurred on the date stated above, at 9:25 P.M.
The principal cause of death and related causes of importance were as follows:

Ac. Lobar Pneumonia

Date of onset 1/7/32

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Cerebral. Was there an autopsy? No.

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? _____
If so, specify No.

(Signed) William T. Gutter, M. D.
(Address) 5400 Arsenal St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

