

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

Do not use this space.

17440

1. PLACE OF DEATH

County..... Registration District No. 7DI
Township..... Primary Registration District No. 10 & 13
City St. Louis (No. Children's Hospital) St. _____ Ward _____

File No. _____
Registered No. 4330

2. FULL NAME

Shirley Marie Hamman
(a) Residence, No. Salvation Army Hospital 24
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 22 1932</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>1</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>
	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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Elizabeth Hamman

16. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Missouri

17. INFORMANT M. B. Jacobs
(ADDRESS) 1005 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Catholic Church DATE 5/3 1932

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 801 78th St. St. Louis

20. FILED MAY - 3 1932
[Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to May 2, 1932.

I last saw h. alive on May 2, 1932. Death is said

to have occurred on the date stated above, at 4:20 am.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
acute non-tubercular
Primary
1971
1070
Date of onset 4/27/32

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? N.P.

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 _____

(Signed) Lawrence Goldman M. D.
(Address) St. Louis Children's Hospital

WRITE PLAINLY, 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.

