

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

Do not use this space.

21512

1. PLACE OF DEATH

County..... Registration District No. *7-3-1*
Township..... Primary Registration District No. *6-0-3*
City *St. Louis* (No. *1910 Montgomery*) St. Ward)

File No.
Registered No. **5301**
St. Ward)

2. FULL NAME

(a) Residence, No. *Margareth Hamann*
(Usual place of abode) *1910 Montgomery*, *26* Ward.
Length of residence in city or town where death occurred *2* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Hamann</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 14, 1851</i>		
7. AGE	YEARS <i>81</i>	MONTHS <i>7</i>
	DAYS <i>2</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own Home</i>	
	10. Date deceased last worked in this occupation (month and year) <i>July 1932</i>	11. Total time (years) spent in this occupation <i>62</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Port Jervis, N.Y.</i>		
MOTHER FATHER	13. NAME <i>Daniel Jobra</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Munkwon, Germany</i>	
	15. MAIDEN NAME <i>Christine Schaefer</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Munkwon, Germany</i>	
17. INFORMANT <i>William Hamann</i> (ADDRESS) <i>Kellville, Ill.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Mary's</i> DATE <i>June 20, 1933</i>		
19. UNDERTAKER (ADDRESS) <i>St. Mary's, Kellville, Ill.</i>		
20. FILED <i>JUN 17 1933</i> <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16*, 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from *June 1*, 19 *33*, to *6-16*, 19 *33*
I last saw him alive on *6-16-1933*. Death is said to have occurred on the date stated above, at *8:45 P.M.*
The principal cause of death and related causes of importance were as follows:
Myo. Carditis
Chronic
93C
162
Old age
Date of onset

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

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) *Chas. Harrell*, M. D.
(Address) *3233 Weber*

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.

35
7
2
10
10

