

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

Do not use this space.

21847

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. inserted to Hospital)

File No. ....  
Registered No. 5688  
St. .... Ward)

**2. FULL NAME**

Russell Hammer  
(a) Residence, No. 5644 Lansdowne St. A 3 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED* (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 25 - 1908</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>3</u>
	DAYS <u>2</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>Wood Heel Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Diamond</u>	
	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) <u>St. Louis Mo.</u>		
MOTHER	13. NAME <u>Frank Hammer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
	15. MAIDEN NAME <u>Julia Nicumuth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT <u>Julia Messner</u> (ADDRESS) <u>5444 Lansdowne</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia</u> DATE <u>June 30 33</u>		
19. UNDERTAKER <u>Wacker &amp; Bloderle</u> (ADDRESS) <u>7331 Broadway</u>		
20. FILED <u>JUN 29 1933</u> <u>J. F. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Bullet Wound of Mouth  
Self Inflicted  
167

Other contributory causes of importance: 167

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury 6/27/33  
Where did injury occur? St. Louis Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Bullet wound of Mouth  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) J. F. Bredeck M. D.  
(Address) St. Louis Mo.

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.

