

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

Do not use this space.

27896

**1. PLACE OF DEATH**

County..... Registration District No. 991  
Township..... Primary Registration District No. 10083  
City St. Louis (No. 4129 O. Bear Ar) St. .... Ward .....

File No. ....  
Registered No. 6944  
St. .... Ward .....

**2. FULL NAME**

Catherine Hammann  
(a) Residence, No. 4129 O. Bear St. .... Ward ..  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Hammann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11 1846</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>20</u>
	DAYS <u>30</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>Housework</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) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Louis N. Hammann</u> (ADDRESS) <u>2715 Sedgewick</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns</u> DATE <u>Aug 12</u> 19 <u>33</u>		
19. UNDERTAKER <u>Wm. P. Paschida</u> (ADDRESS) <u>2825 N. Grand St.</u>		
20. FILED <u>Aug 11 1933</u> <u>J. F. Bredeck</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-13-33 19... to 8-10-33 1933  
I last saw her alive on 8-8-33 1933 Death is said to have occurred on the date stated above, at 7:30 pm.  
The principal cause of death and related causes of importance were as follows:  
13 D  
107A  
Terminal Pneumonia  
107B  
Bronchial  
Date of onset 8-8-33

Other contributory causes of importance:  
Senility  
Myocarditis  
Hypertension

Name of operation..... none 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? no 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) M. Stehle, M. D.  
(Address) 2000 1/2 Grand

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.

SEP 26 1933

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