

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township St. Louis Mo. No. Primary Registration District No. 1003  
City St. Louis Mo. No. Sancti Spiritus

File No. 38380  
10029  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Lina Hammerstein

(a) Residence, No. 2834 Hampton Ave 3 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
about 82

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly Matron  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Department  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation. 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown U. S. A.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) 5700 Annual

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Nov 22 1933

19. UNDERTAKER (ADDRESS) Robert J. Lambert, Inc 666 33 Clayton Bld

20. FILED 21 1933 J. W. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/33 '19

22. I HEREBY CERTIFY, That I attended deceased from 3/23/29, 19... to 11/20/33, 19...  
I last saw her alive on 11/20/33, 19... Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
131  
97  
131  
Other contributory causes of importance: Chronic Intestinal Obstruction  
3/23/29  
Date of onset 3/23/29

Name of operation..... Date of.....  
What test confirmed diagnosis? Princip. of Path. 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.....  
(Signed) J. W. Brebeck, M. D.  
(Address) 5700 Annual

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.

JAN 6 1934

31  
10  
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1951 3 21