

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.

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

Do not use this space.

41609

File No. 10629
Registered No. St. Ward)

PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, (No. 3628 So. Broadway) St. 24 Ward.

2. FULL NAME Nellie Hammel

(a) Residence, No. 3628 So. Broadway St., 24 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustave G. Hammel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26th. 1885		
7. AGE YEARS 48	MONTHS 4	DAYS 13
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
	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) MO

13. NAME Jacob Kern

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

15. MAIDEN NAME Not-known

16. BIRTHPLACE (CITY OR TOWN) Not-known (STATE OR COUNTRY)

17. INFORMANT Gustave G. Hammel (ADDRESS) 3628 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Dec. 13, 1933

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3013 Meramec Street

20. FILED Dec 11 1933 J. H. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th. 1933

22. I HEREBY CERTIFY, that I attended deceased from July 18, 1933, to Dec 9, 1933. I first saw him alive on Dec 9, 1933. Death is said to have occurred on the date stated above, at 11/30pm.

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

Pulv T. B. Date of onset 25 A

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Ph X Ph 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) J. H. Brebeck M. D. (Address) 3628 So. Broadway

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