

JUN 12 1937

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

Do not use this space.

791
1008

18625

5201

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo.

(No. 2115a North 14th Street)

File No.

Registered No.

St.

Ward)

2. FULL NAME Estella Hammond,

(a) Residence, No. 2115a North 14th Street 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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

William Hammond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 15th, 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

30

39

6

8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

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)

Missouri

13. NAME

John Folling

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

St. Louis, Mo.

15. MAIDEN NAME

Mary Shull

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

Indiana

17. INFORMANT (ADDRESS)

William Hammond
2115a North 14th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens Cem. DATE May 25th, 1937

19. UNDERTAKER (ADDRESS)

Ry Leiden, Md Co.
1417 N. Market St

20. FILED

MAY 25 1937

J. Bredeck
Registrar

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

May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 16, 1937, to May 23, 1937

Must saw h. ex. alive on May 20, 1937. Death is said

to have occurred on the date stated above, at 8:15 A. M.

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

valvular disease of heart

Date of onset

not known

Other contributory causes of importance:

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? 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? No

If so, specify

(Signed) George Mueller, M. D.

(Address) 1502 St. Louis

COPY OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

599

Musette

15th of 4th Kansas Ave