

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.

JUL 8 - 1937

22238

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. St. Luke's Hospital) _____
 File No. 5990
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Andrew Hammersmith
 (a) Residence, No. 7438 Milan Ave. St. N.R. Ward U. City, Mo.
 (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sadie Hammersmith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/19/1873</u>				
7. AGE YEARS <u>64</u>	MONTHS <u>5</u>	DAYS <u>29</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>Carpenter</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) <u>St. Louis</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Fred Hammersmith</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
	17. INFORMANT <u>Mrs. Sadie Hammersmith</u> (ADDRESS) <u>7438 Milan Ave., St. Louis</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marcus New Ev.</u> DATE <u>June 22</u> 19 <u>37</u>				
19. UNDERTAKER <u>Robert J. Ambruster</u> (ADDRESS) <u>Clayton Road at Concordia Ave</u>				
20. FILE <u>JUN 20 1937</u> <u>J. Predeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to June 18 1937.
 I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Bladder
Calculus of the Urinary Bladder
Uremia
 Date of onset _____
 51B
 Other contributory causes of importance:
Toxemia
Arteriosclerosis of the aorta
(Metastatic?)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cystoscopy. 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) J. H. Kaufman, M. D.
 (Address) Beaumont Bldg.

