

FEB 12 1938

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

307
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **Saint Louis** (d) Street No. **4243 Garfield Avenue**, St. **St. Louis**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **Unavailable** How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Martha Hammond 553**

(a) Residence, No. **4243 Garfield Avenue** St. **III**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. ~~DECEASED~~ WIDOWED, OR DIVORCED **WIDOWED**
HUSBAND OF **Howard Hammond**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 18, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **Unavailable** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Cooper County**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Unavailable**

14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **II**

MOTHER 15. MAIDEN NAME **Unavailable**

16. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Christine Hammond**
4243 Garfield Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Jan. 5, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Chas. G. Gates**
4107 Finney Avenue

20. FILED **JAN 5 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 10, 1937** to **January 2, 1938**
I last saw her alive on **January 2, 1938** Death is said to have occurred on the date stated above, at **9:00 p.m.**
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset **12/7/37**
Hypertension ?

Other contributory causes of importance:
Name of operation **None** Date of.....
What test confirmed diagnosis? **clinical** 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 **Trumpen G. Drake M. D.**
(Signed) **Trumpen G. Drake** (Address) **3720 Washington Blvd.**

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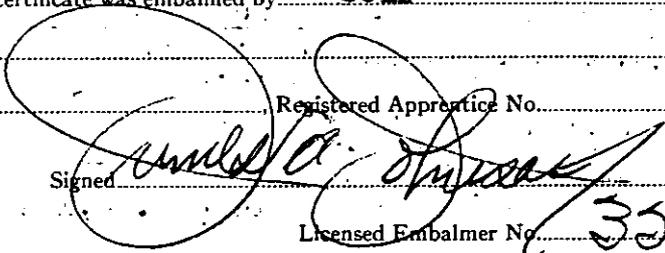
STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

 L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)