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

23857
Do not use this space.

AUG 12 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 6551
(c) City St. Louis Missouri (d) Street No. Homer Phillips Hosp. St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilbert Hammond 553
(a) Residence, No. 1213 Prairie Ave St. 11
(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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14th 1916
7. AGE: YEARS 21 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 210 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: Tourgee Hammond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy Missouri

MOTHER
15. MAIDEN NAME: Gertrude Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy Missouri

17. INFORMANT (ADDRESS): Gertrude Hammond 1213 Prairie Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE: Troy Missouri DATE: July 25th 1938
19. FUNERAL DIRECTOR (ADDRESS): Chas. J. Gates 4107 Finney Ave.
20. FILED ..... 19 ..... J. D. Bredick Local Registrar.
JUL 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20th 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 A.M. m.
The principal cause of death and related causes of importance were as follows:
Bilateral Broncho Pneumonia, Multiple abscesses of Liver (Right lobe), Septicemia, healed lacerated wound of left kidney with infarctio Fracture of 5th & 8th ribs, left chest, 5th rib right chest, suffered when machine driven by Albert
Date of onset
Other contributory causes of importance:
Moore in which deceased was riding was struck by unknown car driven by unknown man on Highway #61 near Troy, Mo., about 12:30 A.M. July 2, 1938.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? open Verdict Date of injury 7/2/, 1938
Where did injury occur? St. Louis County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Public Place
Manner of injury CAUSE AND MANNER OF ACCI-
Nature of injury DENT COULD NOT BE DETERMINE

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Perry 4, M.D.
(Address) 1300 Clark Ave.
Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

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 James A. Johnson

Licensed Embalmer No. 3522

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