CT 5 1938 REC'D OCT 6 1938

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

33264
Do not use this space.

3

1. PLACE OF DEATH
(a) County St Louis 1 Registration District No. 784
(b) Township ~~St Ferdinand~~ Primary Registration District No. 200 Registered No. 1606
(c) City Jennings (d) Street No. 2520 McLaren Ave Elms Conv Home 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 Mary Hammond 550
(a) Residence, No. 1036 So. Berry Rd. St. Glendale Mo.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mose Hammond
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-13-1882
7. AGE: YEARS 75 MONTHS 9 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nil.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0 1

FATHER
13. NAME: Jack Reeves 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Dorthy Steineman 1036 S Berry Rd Glendale Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cem. DATE: Oct 6 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Louis HB 58 131 W Argonne Dr Kirkwood Mo.
20. FILED: OCT 5 1938 T. R. Meyer M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Oct 3, 1938
I last saw her alive on Oct 3, 1938 Death is said to have occurred on the date stated above, at 12.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
93C	
Other contributory causes of importance: Senility	?

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) [signature], M. D.
(Address) 6204 W F Louisiana

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John M Meyer, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood Mo

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

If this body is not embalmed, above space should be left blank.