

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 34525Registration District No. 791
1008

Primary Registration District No. _____

Registrar's No. 9063

1. PLACE OF DEATH:

(a) County THE CITY OF ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1202 S. GRAND BLV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 YEARS. years, months or days)

8. (a) PRINT FULL NAME W. M. HAMMERSCHMIDT.3. (b) If veteran, name war NO 3. (c) Social Security No. NO.4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MARGARET HAMMERSCHMIDT 6. (c) Age of husband or wife if 75 years7. Birth date of deceased OCT. 30 1859
(Month) (Day) (Year)8. AGE: Years 79 Months 11 Days 23 If less than one day
hr. _____ min. _____9. Birthplace ST. LOUIS MISSOURIA
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business NIL12. Name CHARLES HAMMERSCHMIDT13. Birthplace GERMANY
(City, town or county) (State or foreign country)14. Maiden name LOUISIE UNK.15. Birthplace GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Margaret Hammerschmidt(b) Address 1202 S. Grand Blv.17. (a) BURIAL (b) Date thereof OCT. 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation NEW ST MARCUS'18. (a) Signature of funeral director E. J. Schmuers(b) Address 3125 Lafayette Ave19. (a) OCT 25 1939 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 18
(If outside city or town limits, write "RURAL")
(d) Street No. 1202 S. GRAND AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1939 hour 5:20 minute 9 M.21. I hereby certify that I attended the deceased from June 15 1939 to Oct 23 1939
that I last saw him alive on Oct 23 1939
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia 7 feet primary
sub-acute. Duration _____

Due to _____

Due to 45Other conditions None
(Include pregnancy within 3 months of death)Major findings: Of operations None

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____23. Signature J. F. Bredich (M. D. or physician)
Address 1416 S. Grand Date Oct 24 1939

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

Signed.....

Jose B. Vollmer

Licensed Embalmer No. *31014*

P. O. Address *3125 Lafayette Ave*

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.)

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