FILED MAR 12 1940

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

Do not use this space.

1. PLACE OF DEATH
County ST. LOUIS
Township
City ST. LOUIS, MO. (No. Barnard Skin & Cancer Hospital St. Ward) 550

Registration District No. 1003 791
Primary Registration District No.

File No. 4476
Registered No. 1306

2. FULL NAME VERONICA MUETH HAMANN
(a) Residence, No. FREEBURG ILL St., N.R. Ward. FREEBURG, ILLINOIS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF EDWARD HAMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 18 1903

7. AGE: YEARS 37 | MONTHS — | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME DANIEL MUETH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME AGNES QUIRIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT (ADDRESS) PATIENT Veronica M. Hamann Freeburg Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeburg Ill DATE Feb 12, 1940

19. UNDERTAKER (ADDRESS) John G. Sintzel Jr Freeburg Ill

20. FILED FEB 9 1940 19 J. B. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1940, to Feb 9, 1940.
I last saw her alive on Feb 9, 1940. Death is said to have occurred on the date stated above, at 12 30 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uterii c metastases

Date of onset

Other contributory causes of importance:
Bilateral Pulmonary Emboli
Secondary Haemorrhage
Secondary Shock

Name of operation Exc. of metastatic Ca - ethyl gastric area Date of Feb 7, 1940
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Warren Smith, M. D.
(Address) Barnard Free Skin & Can Hosp St. Louis, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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