S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14499

FILED MAY 3 1940

Registration District No. 725 — Primary Registration District No. 3009 — Registrar's No. 153

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 52 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits write "RURAL")

(d) Street No. 332 S. Sprigg St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 52 years.

3. (a) PRINT FULL NAME John Hamm Sr. 500

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Hamm

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November (Month) 21 (Day) 1866 (Year)

8. AGE: Years 73 Months 4 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Alsas Loraine (City, town, or county) Germany (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business —

FATHER
12. Name George Hamm
13. Birthplace Alsas Loraine (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Hamm

(b) Address Cape Girardeau, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Lawrence Cemetery, New Hamburg, Mo.

18. (a) Signature of funeral director M. G. Lorberg

(b) Address Cape Girardeau, Mo

19. (a) 4-20-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1940 hour 2:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 30, 1940, to April 20, 1940; that I last saw him alive on April 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Common bile duct obstruction	4-10-40
Empyema of gall bladder	4-3-40
Due to: Gall stones in common duct	?
Due to:	
Other conditions: Diabetis mellitus (Include pregnancy within 3 months of death)	4-3-40

Major findings: Of operations no operation

Of autopsy gall stones in common duct Acute inflamation of pancreas

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. Ritter, M.D. (M. D. or other)

Address Cape Girardeau, Mo Date signed 4-20-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Lorberg, Registered Apprentice No. ....., working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, MO

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.