

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Month
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME John Hammer **560**
 8. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosa Hammer 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased March 10 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 3 If less than one day
hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation General Laborer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Anthony Hammer
 { 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Katherine Hichler
 { 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Pflifer

(b) Address Route 1, Box 140, Florissant

17. (a) burial (b) Date thereof 5/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 17 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3619 Montana Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13,
 year 1940 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from April 13, 1940 to May 13, 1940

that I last saw him alive on May 13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Esophagus

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. E. Fine (M. D. or other) _____

Address 1515 Lafayette Date signed 5/13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.