

No. 2
11-16-39
5-17-39
I, X 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **33441**
Registrar's No. **8138**

NOV 16 1940 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 18 das
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 A North 16th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

8. (a) PRINT FULL NAME INELL HAMMONDS

3. (b) If veteran, name war _____ 8. (c) Social Security No. Unk

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced S?

6. (b) Name of husband or wife Leroy Hammonds ? 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec 26, 1914
(Month) (Day) (Year)

8. AGE: Years 25 Months 8 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Walter Robinson

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Annie Jones

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A Spotts
(b) Address 2601 N Whittier

17. (a) _____ (b) Date thereof 9-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. R. Risher

(b) Address 3500 Rutger
Oct 1 1940
(Date received local registrar) (b) _____

19. (c) _____ (d) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1940 hour 5:50 minute AM

21. I hereby certify that I attended the deceased from July 17, 1940, to Sept 5, 1940;

that I last saw her alive on Sept 5, 1940;

and that death occurred on the date and hour stated above.
Immediate cause of death Abdominal Sinus c
Postoperative Adhesions; Pelvic
Tumor; Prob Ca of Uterus Abt - 8 mos

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration
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)
(a) Means of injury _____

23. Signature Ben A. Smart (M. D. or other) _____

Address 2601 N Whittier Date signed _____

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.