

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33949

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8646

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)
In this community 23 years

8. (a) PRINT FULL NAME Bernice Hammer

3. (b) If veteran, name war Nil 3. (c) Social Security No. 499-03-0034

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased July 27, 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 2 20 hr. min.

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

10. Usual occupation Marker

11. Industry or business Cleaning & Dyeing

12. Name John Hammer

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

14. Maiden name Maria Heidenreich

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

16. (a) Informant Mr. John Hammer

(b) Address 3911 N. 9th St.

17. (a) Burial (b) Date thereof 10/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cem.

18. (a) Signature of funeral director John M. Egan

(b) Address 3934 N. 22nd St.

19. (a) OCT 20 1940 (b) J. E. Egan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3911 N. 9th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 17th
year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Sept 10 1940 to October 17 1940
that I last saw him alive on October 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 1 Mo
following infection of kidney

Due to Acute Congestion 137
of kidney

Other conditions Acute Pyelitis 6 Mo
non Calculous

(Include pregnancy within 3 months of death)

Major findings: 133 a
Of operations _____

Of autopsy Acute Myocarditis
Passive Cong of Kidney

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)
(c) Means of injury _____

23. Signature John M. Egan (M. D. or other) MD
Address 4356 Harme Date signed 10/19/40

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Buine

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.