

State File No. 34098
8795

Registrar's No. 0100

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

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war NO. 3. (c) Social Security No. None

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 _____ years

7. Birth date of deceased Jan. 24 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	8	29	hr. min.

9. Birthplace Osage Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Housework**

11. Industry or business.

12. Name.....Louis Hamberg

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

ER (14. Maiden name Catherine Schlangenstern

15. Birthplace..... Osage Co...... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ted Hamberg

(b) Address.....Linn. Mo.

17. (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Linn. Mo.**

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 25 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Osage

(c) City or town Linn
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 02 day 23
year 1940 hour 10 minute 10 P M

21. I hereby certify that I attended the deceased from 10/14/40
19 to 10/28/40, 19

that I last saw her alive on 10/23/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death.

Brain tumor
malignant

Due to

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

Major findings:
Of operations, Brain tumor

Of autopsy 110

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 W. Alan Mackay (Mr. Proprietor)
Address 4952 Maryland Date signed 10/25/40

(Licensed Embalmer's Statement on Reverse Side)

WOOLSEY

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

William E. Hopper
2971

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.