

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2018

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days)
In this community 38 years

3. (a) PRINT FULL NAME

Upton John Hammond

3. (b) If veteran name was Spanish American 3. (c) Social Security No. 488-18-6035

4. Sex male 5. Color or race white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife Isabelle 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 21 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Bus Driver

11. Industry or business Building trades

12. Name John Hammond

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

14. Maiden name Knott

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

16. (a) Informant Isabelle Hammond

(b) Address 2819 Cass

17. (a) Burial (b) Date thereof Oct 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Park

18. (a) Signature of funeral director Wm. J. O'Connell

(b) Address 4210 St. Louis Ave

19. (a) OCT 25 1948 (b) W. R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2819 Cass
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1948 hour 11 minute 50 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Homocide by trauma of the head by 2x4 timber
Due to fracture of the skull & subarachnoid hemorrhage
Due to subarachnoid hemorrhage

Other conditions Multiple gun shot wounds of various parts of body
(Include pregnancy within 3 months of death)

Major findings: Of operations 173

Of autopsy fractured skull

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence Oct 23 1948
(c) Where did injury occur? 3rd Ave (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? yes (Specify type of place) (e) Means of injury Struck in head

23. Signature W. R. Meyer (M. D. or other) head

Address St. Louis Date signed Oct 24 1948

STANDARD CERTIFICATE OF DEATH
MISSOURI STATE BOARD OF HEALTH

2000 1000 000

Primary Registration District No. 12

Registration District No.

[illegible][illegible]

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, fact should be so stated above.