. No. 2
-11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40782
10553

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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: FIRMIN DESLOGE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 ST. VINCENT AV.
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES HAMMERSCHMIDT.

3. (b) If veteran, name war YES WORLD WAR.

3. (c) Social Security No. 497-03-4223

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEONA HAMMERSCHMIDT

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased APRIL (Month) 21 (Day) 1894 (Year)

8. AGE: Years 46 Months 8 Days 0 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FOREMAN

11. Industry or business LABOR GANG.

MOTHER FATHER

12. Name CHAS. HAMMERSCHMIDT.

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

14. Maiden name LOUISE MARTINE.

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

16. (a) Informant Leona Hammerschmidt

(b) Address 2614 St. Vincent Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation NATL. CEM. JEFFERSON BARRACKS.

18. (a) Signature of funeral director E. J. Behner.

(b) Address 3125 Lafayette Av.

19. (a) DEC 23 1940 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 21 year 1940. hour 9. minute A.M.

21. I hereby certify that I attended the deceased from Dec 21 1940 to , 19 ; that I last saw h alive on Dec 21 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 hrs

Due to Hypertension — Duration 2 yr

Due to — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. Franklin (M. D. or other)

Address 714 S. Jefferson Av. Date signed 12/22/40

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1944

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.