

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 707
Registrar's No. 707

Registration District No. 791

Primary Registration District No. 1003

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 days
(Specify whether
In this community 38 years
years, months or days)

3. (a) PRINT FULL NAME Chester C. Hammond

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

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

6. (b) Name of husband or wife Frances M. Hammond 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 26 1966
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 25 If less than one day
.....hr.min.

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

10. Usual occupation Retired

11. Industry or business Mech. Engineer

12. Name Chester C. Hammond

13. Birthplace New Lebanon New York
(City, town, or county) (State of foreign country)

14. Maiden name Sarah M. Brown

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

16. (a) Informant Mrs C. C. Hammond

(b) Address 3642 Cleveland Ave.

17. (a) Burial (b) Date thereof 1/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive, St. Louis, Mo.

19. (a) JAN 22 1941 (b) J. A. Bredeck
(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. 3642 Cleveland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 2:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 22
1930 to Jan 21, 1941;
that I last saw him alive on Jan 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor + coronary disease
Due to Arteriosclerosis + hypertension
Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain tumor + Arteriosclerosis

Of autopsy No special findings
no necropsy

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 Edmond Brown (M. D. or other).....
Address 1504 So Grand Date signed 1-22-41

Duration
2 day
5 yrs.
years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Edmund Chasche*

Licensed Embalmer No. *3351*

P. O. Address *3621 Olive St.*

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.