S. No. 2
—1-4-41
5-17-39
PI X26390

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16524

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4042

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: 5039 Tennessee Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")

(d) Street No. 5039 Tennessee Ave. 6
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances Hamm

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Juluis Hamm

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

7. Birth date of deceased October 27, 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	6	15	hr. min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Fred Goodmann
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant John Hamm
(b) Address 5039 Tennessee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 9-1941, 19 to May 11, 1941
that I last saw her alive on May 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 5 yrs.

Due to

Due to

Other conditions Chronic Cholecystitis + C. Interstitial Nephritis
(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 Emma Ploehn (M. D. or other) M.D.
Address 2728 Geyer Av. Date signed 5-13-1941

(Licensed Embalmer's Statement on Reverse Side)

Dr Plochen
2728 Geyer

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 472 Duchouquette

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.