

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
UG 15 1941  
District No. 757

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25984  
Registrar's No. 99

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County ST. CHARLES  
(b) City or town ST. CHARLES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 HOURS  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. CHARLES  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5616 Rhodes Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chester Robert 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 15th 1926  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
14 11 18 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation High School Boy

11. Industry or business \_\_\_\_\_

12. Name Chester Hammond  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Irene Wells  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Hammond

(b) Address 5616 Rhodes Ave.

17. (a) Burial (b) Date thereof 6-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

(a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 6-3-41 (b) Blair D. Hesser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd  
year 1941 hour 2:45 minute P. M.

21. I hereby certify that attended the deceased from Coroners Inquest  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull crushed chest Broken Back Both legs fractured  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

2 hrs.

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) Accident  
(b) Date of occurrence June 2nd 1941  
(c) Where did injury occur? Highway 77, Scherlock, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway up set of car

While at work? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury on Road

23. Signature A.P. Erich Scherlock M.D. D. or other \_\_\_\_\_  
Address St. Charles Mo. Date signed June 4

**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 Edwin A. McCreath

Licensed Embalmer No. 3024

P. O. Address St. Louis Mo

**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.**