

Registration District No. **791**

Primary Registration District No. **1003**

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:
St. Anthony 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 61 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Miss Lillian Pauline Hamm

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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. November 23, 1879
(Month) (Day) (Year)

8. AGE: Years <u>61</u>	Months <u>10</u>	Days <u>14</u>	If less than one day hr. _____ min. _____
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

12. Name Frederick William Hamm

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

14. Maiden name Catherine Marie Buehler

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

16. (a) Informant Catherine Hamm

(b) Address 3503 Chippewa Street

17. (a) Burial (b) Date thereof Oct. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEW'S CEMETERY

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 8 1941 (b) J. T. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DOG
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12/16
(d) Street No. 3503 Chippewa (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 23, 1940
to Oct. 7, 1941
that I last saw her alive on Oct. 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage 13 days
Due to Hypertension

Due to Chr. Myocarditis
Hypostatic Pneumonia

Other conditions Lobar
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none 108
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 Caroline Schlenker (M. D. or other) M.D.
Address 3515 S. Grand Date signed 10/7/41

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

MOTHER FATHER

Dr. Lawrence Schick
3515 S. Gro

2-3 P.M.

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.....

Felix J. Kriskin

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis*

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.