

DEC 13 1941 780

Registration District No.

Primary Registration District No. 200

Registrar's No. 2440

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Robertson Rural St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community 7 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Robertson
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ann Marie Hamneken

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

20. DATE OF DEATH: Month December, day 1st, year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 17 Nov, 1941, to 1 Dec, 1941; that I last saw her alive on Nov, 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung - metastatic to base of Brain (RT)
Due to _____
Due to _____
Other conditions: 50
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Warren G. Truman (M. D. or other) _____
Address 927th Mon Date signed 12/1/41

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 December 7th 1894
(Month) (Day) (Year)
8. AGE: Years 46 Months 11 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Hamneken
13. Birthplace Villaridge Mo
(City, town, or county) (State or foreign country)
14. Maiden name Eyona Kindel
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Myrta Mae Packer
(b) Address Robertson Mo

17. (a) Removal (b) Date thereof 12/4/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Mo

18. (a) Signature of funeral director E. H. Altman
(b) Address Union Mo

19. (a) DEC 1 1941 (b) C. G. McHarmon
(Date received local registrar) (Registrar's signature)

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

7600

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.....

E. F. Oltmann

Licensed Embalmer No.....

1686

P. O. Address.....

Union 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.