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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1942
Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 731

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Mo. 5 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4224 McPHERSON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Hammond

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR. - 3 - 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business HOME

MOTHER FATHER { 12. Name JOHN AUBUCHON
13. Birthplace CATHI Mo U
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE DEHATER
15. Birthplace Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Hill
(b) Address 921A Academy ave
17. (a) BURIAL (b) Date thereof 1-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. FERDINAND

18. (a) Signature of funeral director Kullen + Kellef
(b) Address 1416 N. Taylor ave
19. (a) J. F. Redick (b) J. F. Redick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1942 hour 8:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 16, 1942, to January 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death obscure of the liver
undetermined

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Refused

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) (or) Means of injury _____
23. Signature Drew M. Ottersten (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 1/21/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Clement McNeary*
Licensed Embalmer No. *3732*
P. O. Address *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.