

Registration District No.

Primary Registration District No.

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: Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NR 96
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 7430 Hildesheim Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma R. Hammond

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 16 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Andrew Beeler
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edward W. Breuer
(b) Address 7231 Stanley Ave, Maplewood

17. (a) Burial (b) Date thereof 2/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Walter W. ...
(b) Address 3634 Gravois Ave

19. (a) FEB 14 1942 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 th. year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-4 1942 to 2-12 1942
that I last saw er alive on 2-12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral ...
Due to H/O
Due to Paralytic Illness
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations Of autopsy 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?

While at work? (Specify type of place) (b) Means of injury
23. Signature H. F. ... (M. D. or other) Address 540 1/2 Gravois Date signed Feb 13 1942

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..... *Frank J. Chalmers*
Licensed Embalmer No. *2645*
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.