

FILED MAR 17 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
4204a Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 2 years -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 12000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4204a Virginia
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Herman C. Hamstein

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

4. Sex..... male 5. Color or race..... white
6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... Katherine
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Feb. 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 26 hr. min.

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

10. Usual occupation..... None

11. Industry or business..... None

MOTHER FATHER
12. Name..... Edward Hamstein
13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)
14. Maiden name..... Mary Mager
15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Katherine Hamstein

(b) Address..... 4204a Virginia

17. (a) burial (b) Date thereof..... 2-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Olive Cemetery

18. (a) Signature of funeral director..... Fendler Und. Co.

(b) Address..... 7420 Michigan Ave.

19. (a) FEB 21 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 7th
year..... 1942 hour..... 12 minute..... 15 A. M.

21. I hereby certify that I attended the deceased from..... June 21st 1942
to..... June 21st 1942

that I last saw him alive on..... 2-6-1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardiac Failure
Duration..... One year

Due to..... Chronic Myocarditis

Due to.....

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).....
(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)
(c) Means of injury.....
23. Signature..... J. F. Brundage (M. D. or other)
Address..... 3958 S. Grand St. Date signed..... 2/17/42

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.....

Clara E. Hendrick

Licensed Embalmer No. *4148*

P. O. Address *Jenny Ma*

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.