

LED OCT 1 1942

State File No.

7751

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3821 West Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3821 West Pine
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Grant Hammond

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 Anna Hammond

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 1, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 8 15 hr. min.

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

10. Usual occupation Switchman Terminal Railroad

11. Industry or business Retired

12. Name Isaac Hammond

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

14. Maiden name Elizabeth Short

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

16. (a) Informant Anna Hammond

(b) Address 3821 West Pine

17. (a) Burial (b) Date thereof 9/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 18 1942 J. F. Bredeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1942 hour 1.40 P.M. minute..... M.

21. I hereby certify that I attended the deceased from 8/30, 1942, to 9/16, 1942
that I last saw him alive on 9/16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis of entire arterial system

Due to indefinite

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

Major findings:
Of operations none

Of autopsy none

Duration

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)

(e) Means of injury.....

23. Signature O. W. Hare (M. D. or other).....
Address 1755-S-Grand Ave Date signed 9/17/42

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

MOTHER FATHER

844

3/18/08
108

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

Henry Eymck

Licensed Embalmer No. 1284

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.