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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3632**

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

FILED APR 28 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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:
4127 Clarence Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **60 Yrs.** (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. **4127 Clarence Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Johanna Hammermann**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **18th**
year **1943** hour **4** minute **A.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Christian Hammermann**
6. (c) Age of husband or wife if alive **86** years
7. Birth date of deceased **February 21, 1860**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr. 8-43**
to **Apr. 18** 19**43**
that I last saw her alive on **Apr. 12** 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 **1** **27** hr. _____ min.

Immediate cause of death **Chronic Endocarditis**
Due to _____
Due to **Arterio-sclerosis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **None**
Of autopsy **None**

9. Birthplace _____ (City, town, or county) **Germany** (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER
12. Name **Mr. Lueders**
13. Birthplace _____ (City, town, or county) **Germany** (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____ (City, town, or county) **Germany** (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Christian Hammermann**

(b) Address **4127 Clarence Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 21, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Fun. Home**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **APR 19 1943** (Date received local registrar) **J. J. Beudick** (Registrar's signature)

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 **R. D. Rigler** (M. D. or other) **7-43**
Address **415 8th Street** Date signed **7-19-43**

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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.....

John A. Mlinar....., Registered Apprentice No.....
working under my personal supervision.

Signed John A. Mlinar.....
Licensed Embalmer No. 4186.....

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.