

LED MAY 6 1943

Registration District No. 17

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town MANCHESTER  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MANCHESTER NURSING HOME  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 7512 Tennessee  
(If rural, give location)

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

3. (a) PRINT FULL NAME REINHARDT. P. HAMMER.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 16  
year 1943 hour 1 50 minute P M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife Wm

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

7. Birth date of deceased MAR 25 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1 1942 to 4-16 1943  
that I last saw him alive on 4-16 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months - Days 11 If less than one day hr. min.

Immediate cause of death Paralysis Agitans 18yrs

Due to Encephalitis 18yrs

9. Birthplace ST LOUIS MO. O  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation LOCOMOTIVE ENGINEER

11. Industry or business RETIRED

Major findings: Of operations 37

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name WILLIAM HAMMER

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

14. Maiden name EMILIA Muehlhausen

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

16. (a) Informant William Hammer

(b) Address 7512 Tennessee

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 19-43  
(Month) (Day) (Year)

(c) Place: burial or cremation ST PAUL CHURCHYARD

18. (a) Signature of funeral director J. P. Fuchs

(b) Address 7128 Michigan

19. (a) APR 19 1943 (Date received local registrar)

(b) C. H. Denny (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 C. H. Denny (M. D. or other) MD

Address Creve Coeur, Mo Date signed 7-17-43

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

96000

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Harry J. Schumaker*.....  
Licensed Embalmer No. *2679*.....  
P. O. Address..... *732 Lemay Road*.....

**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.**