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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35709**  
Registrar's No. **2372**

FILED OCT 29 1943

Registration District No. **377**

Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Clinton**  
(c) City or town **Carlyle**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

3. (a) PRINT FULL NAME **Betty Ann Hammel**

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 21 1934**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**9 4 1** hr. min.

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

10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Bernard Hammel**  
13. Birthplace **Clinton County Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Agnes Wilken**  
15. Birthplace **Carlyle Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernard Hammel**  
(b) Address **Carlyle, Illinois**

17. (a) **Removal** (b) Date thereof **10/22/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carlyle, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**  
(b) Address **4700 Washington Blvd.**

19. (a) **OCT 23 1943** (b) **J. McLean, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22**  
year **1943** hour **9** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct. 20**  
**1943** to **Oct. 22**, 19**43**  
that I last saw her alive on **Oct. 22**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Anna J. Dean**  
**Malignant**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**  
Of autopsy **1st**

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? \_\_\_\_\_

23. Signature **J. McLean** (M. D. or other) **M.D.**  
Address **4952 Maryland Ave** Date signed **10/24/43**

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

26  
28  
3

979  
11  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

OCT 29 1948

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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 *John Agnoski*  
Licensed Embalmer No. *3398*  
P. O. Address.....

**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.**