

No. 2
2-43
17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944
318
Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

387

State File No.
Registrar's No. 71

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: CITY SANITARIUM 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr 10mos 17ds.
(Specify whether
In this community 57years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri 000
(a) State (b) County 1713
(c) City or town St. Louis 9 #F
(If outside city or town limits, write "RURAL")
(d) Street No. 3619 a Montana
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE HAMMER.
3. (b) If veteran, name war -
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 3 A.
year 1944 hour 9:20 minute M.
21. I hereby certify that I attended the deceased from 12-1-1943 to 1-3-1944
that I last saw her alive on 1-3-1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 11 1870
(Month) (Day) (Year)

Immediate cause of death.
Cardio-Vascular Disease 1942x
Gangrene of foot 2 mos.

8. AGE: Years 73 Months 1 Days 22
If less than one day hr. min.

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

10. Usual occupation Practical nurse

11. Industry or business

12. Name not known
13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known
(City, town, or county) (State or foreign country)

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Snyder
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 1/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St.
JAN 4 1944

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

Due to
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) (e) Means of injury
Signature J. F. Budeck (M. D. or other)
Address 5400 Arsenal St. Date signed 1/3/44

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

MOTHER FATHER

844

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 *Ernest W. Spillars*

Licensed Embalmer No. *4080*

P. O. Address *3836 Botanical*

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.