

FILED APR 1948

Registration District No. Primary Registration District No. 1003

Registrar's No.

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:  
3208a Arsenal Street  
(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 Missouri (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3208a Arsenal Street  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Julius Hammerstein  
 3. (b) If veteran, name war..... 3. (c) Social Security No. 490-12-2748

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1944 hour 2 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from June 3 1943, to Mar. 22, 1944;  
 that I last saw h. in alive on Mar. 21, 1944;  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased January 24, 1869  
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration over 1 yr. Duration.....

8. AGE: Years Months Days If less than one day  
75 1 28 hr. min.

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

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN.....  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Clerk  
 11. Industry or business City of St. Louis  
 12. Name C. A. Hammerstein  
 13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name not known  
 15. Birthplace not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Hammerstein  
 (b) Address 3208a Arsenal Street  
 17. (a) Cremation (b) Date thereof 3/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Missouri Crematory

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?.....

18. (a) Signature of funeral director J. L. Ziegenhein & Sons  
 (b) Address 7027 Gravois  
 19. (a) MAR 24 1944 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)  
 (e) Means of injury.....  
 23. Signature Robert S. Nye, M.D. (M. D. or other).....  
 Address 3201 Arsenal St. Date signed 3-23-44

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

MOTHER FATHER

**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.....

*C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**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.**