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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19766

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 5807

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days Memorial  
In this community 0 years, months or days (Specify whether)

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. 4220 Fair Ave  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Sandra Lee Hammond  
3. (b) If veteran, name war None  
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: January 26, 1942  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
2 5 1 .hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name John G. Hammond  
13. Birthplace St. Louis Mo. ( )  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Melba Smiley  
15. Birthplace St. Louis Mo. ( )  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Melba Hammond  
(b) Address 4220 Fair Ave

17. (a) Burial (b) Date thereof 6/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JUL 28 (b) J.F. Pudelek  
(Date received local order) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 27th  
year 1944 hour 3 minute 03 A.M.  
21. I hereby certify that I attended the deceased from June 25th  
\_\_\_\_\_ 19 44 to June 27th 19 44  
that I last saw her alive on June 27th 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lead Encephalitis Duration 4 days  
Lead Poisoning Unk.  
from eating  
varnish  
Due to  
Due to  
Other conditions (include pregnancy within 3 months of death) 78

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy Area of brain  
consistent with lead encephalitis  
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) Means of injury  
23. Signature Harold J. Conley (M.D. or other) MD  
Address 1515 Lafayette Date signed 6/27/44

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

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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 *Gustav W. Dietele*

Licensed Embalmer No. *4329*

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.**