

S. No. 2  
DM-2-43  
v. 5-17-39  
I X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37388  
Registrar's No. 384

FILED DEC 9 1944  
Registration District No. 25

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether)

In this community 12 years  
years, months or days

3. (a) PRINT FULL NAME EMMA HAMM

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Hamm

6. (c) Age of husband or wife if alive 25 years (Year) 1874

7. Birth date of deceased: June (Month) 25 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>4</u>	<u>21</u>	hr. min.

9. Birthplace New Hamburg Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Ignatz Liebold

13. Birthplace Scott Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Trojean

15. Birthplace Scott Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Blattel

(b) Address Delos Mo.

17. (a) Burial (b) Date thereof Nov. 20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hamburg Mo.

18. (a) Signature of funeral director Walter Unf. Leo

(b) Address Cape Girardeau Mo.

19. (a) 11-18-44 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 332 So. Spring St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16th  
year 1944 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from 10-14 1944 to 11-16 1944  
that I last saw h. or alive on 11-15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Renal Arteriosclerosis

Due to

Due to

Other conditions Myocarditis  
(Include pregnancy within 9 months of death)

Major findings: 930

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) (c) Means of injury

23. Signature F. H. Phelps (M. D. or other) MD  
Address Delos Mo. Date signed 11-17-44

RECEIVED

District Health Officer No. 4  
District File Number 1240-4657  
Date Filed 12-7-44

JAN 12 1945

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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 Virgil K. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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.