

FILED JAN 20 1945

Registration District No. 318

Primary Registration District No.

Registrar's No. 187

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

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 ST. BEADY MONT
2705 LUCAS AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(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
705 BEADY MONT
(If outside city or town limits, write "RURAL")
(d) Street No. 2705 LUCAS AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6
year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from March
15, 1944, to Jan 6, 1945
that I last saw her alive on Jan 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis
Dissecting aortic aneurysm
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

2 days

PHYSICIAN

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

3. (a) PRINT FULL NAME

SOPHIA HAMMER

(b) If veteran, name war NONE

(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 _____

7. Birth date of deceased JUNE 23 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 13 If less than one day _____
hr. _____ min. _____

9. Birthplace ST. LOUIS MO 11
(City, town, or county) (State or foreign country)

10. Usual occupation OWNER

11. Industry or business GROCERY STORE

MOTHER FATHER

12. Name JENSEN HAMMER 4

13. Birthplace WILHELMINA DENMARK
(City, town, or county) (State or foreign country)

14. Maiden name WILHELMINA WENHOENER

15. Birthplace _____ GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. E. Hawkins

(b) Address 4844 Hammett Place

17. (a) Burial (b) Date thereof 1-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Packer Cem

18. (a) Signature of funeral director A. Monby St. Co

(b) Address 2707 91 Grand Blvd

19. (a) JAN 8 1945 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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 John Stint (M. D. or other) _____
Address 2767 Summit Date signed 6-45

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..... *W E Morris*

Licensed Embalmer No. *3360*

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.