

FILED MAR 9 1945 818

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1605

1. PLACE OF DEATH:

(a) County... St. Louis

(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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6426 Bancroft
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Hamm

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 17 day
year 1945 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male () 5. Color or race White ()

6. (b) Name of husband or wife Rose

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

6. (c) Age of husband or wife if alive 4 years 1860 (Day) (Year)

7. Birth date of deceased: May 4 1860
(Month) (Day) (Year)

Immediate cause of death: *Plasma of brain*
subdural hemorrhage of brain
fracture of right femur support
broken detached fell to the floor
at the City Infirmary on Feb 17
Due to 1945 at about 1115 A.M.

Duration _____

8. AGE: Years 84 Months 9 Days 13
If less than one day hr. min.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

18. (a) Signature of funeral director: *Walter Helder*
3634 Grayoia Ave.

(b) Address _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *Accident*

(b) Date of occurrence *Feb 17 1945*

(c) Where did injury occur? *at home*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? *City Infirmary*

While at work? _____
(Specify type of place) (or) Means of injury *on above*

16. (a) Informant Louise Davis

(b) Address 6426 Bancroft

17. (a) Burial (b) Date thereof Feb. 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

23. Signature *Alfred Perry* (M. D. or other) _____
Joseph Brown Date signed *2/19/45*

18. (a) Signature of funeral director: *Walter Helder*
3634 Grayoia Ave.

(b) Address _____

19. (a) FEB 19 1945 (b) *J. F. Bredeck*
(Date received local registrar) (Registrar's signature)

23. Signature *Alfred Perry* (M. D. or other) _____
Joseph Brown Date signed *2/19/45*

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 Frank J. Gaudin

Licensed Embalmer No. 2645

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.