S. No. 2
M—5-43
r. 5-17-39
o 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11302

FILED MAY 12 1945 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3611

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: 2214 Miami Av. 1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 624
(If outside city or town limits, write "RURAL")

(d) Street No. 2214 Miami St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna G. Hammann

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Charles F. Hammann Sr.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 17 1880. (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Christ Helde.

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

MOTHER 14. Maiden name Barbara Hettich

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

16. (a) Informant Charles F. Hammann Sr.

(b) Address 2214 Miami St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-45. (Month) (Day) (Year)

(c) Place: burial or cremation N.S.S. Peter + Paul Cem.

18. (a) Signature of funeral director Witt Bro. & Glo

(b) Address 2929 S. Jefferson Av.

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1945 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-6-45, to 4-23-45, that I last saw h. alive on 4-21-45, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast — Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. H. Jones (M. D. or other) MD

Address 3668 Bendy Date signed 4-23-45

(Licensed Embalmer's Statement on Reverse Side)

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 Ray E. Campbell

Licensed Embalmer No. 3881

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.