S. No. 2
DM—2-43
v. 5-17-39
No. 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21116

State File No.

Registration District No. 316

Primary Registration District No. 3060-6075

Registrar's No. 67

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural St Francois Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural 44
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW HAMMERS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 13 (Day), 1886 (Year)

8. AGE: Years 59 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Ste Genevieve Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Miner
11. Industry or business Mining
FATHER
12. Name Enos Hammers
13. Birthplace Ste Genevieve Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lucy Harrington
15. Birthplace Ste Genevieve Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Donald Hammers
(b) Address Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington Mo.
19. (a) 7/1/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 45 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-28, 1945, to 6-29, 1945 that I last saw him alive on 6-28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	3d
Due to acute alcoholism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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 H. O. Gaile (M. D. or other)
Address Desloge Mo Date signed 6-30-45

1897

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 74.5-85.2

Date Filed 7-7-45

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.