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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31936

FILED OCT 25 1945

Registration District No. 31896 Primary Registration District No. 1003 Registrar's No. 8656

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hosp #1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4460a Russell Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine L Hammond

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 Widowed

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased March (Month) 31 (Day) 1878 (Year)

8. AGE: Years 67 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Jerry Norris
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Zilena Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Viola Fletcher
(b) Address 4460a Russell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 8 (Day) 45 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) OCT 7 1945 (Date received local registrar) (b) J. F. Medick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th year 1945 hour 8 PM minute 20 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture dislocation of 1st Cervicle Vertebrae suffered when deceased fell down flight of stairs at home Oct 4 1945 8:20 am

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 000

(b) Date of occurrence Oct 4, 1945

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury as above

23. Signature Patrick E. Taylor (M.D. or other)

Address Dep. Corner Date signed

(Licensed Embalmer's Statement on Reverse Side)

Coroners Office

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: Richard W Storrison

Licensed Embalmer No. 4007

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.