

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. 1003

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

2566

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:
City Hospital.
(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)

3. (a) PRINT FULL NAME LENA HAMANN

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female / 5. Color or race W

6. (a) Single, widowed, married, divorced Widow / 7. (c) Age of husband or wife if alive Dec 8d years

6. (b) Name of husband or wife Frank Hamann

7. Birth date of deceased April 11 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 13 If less than one day
hr. min.

9. Birthplace Polk County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name A. Phelan

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

14. Maiden name Unknown

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

16. (a) Informant Charles Hamann

(b) Address 4663 Maffitt ave.

17. (a) Burial (b) Date thereof 1/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk Cem.

18. (a) Signature of funeral director SULLIVAN, BRO'S

(b) Address 2849 N. Euclid ave.

19. (a) JAN 25 1946 (Date received by registrar)
J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 8149 Gravois ave.
(If rural, give location) NR. 3

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th
year 1946 hour I minute 15 P. 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 Right Hip
Displacement of hip joint with
depression of the floor in the
bedroom at the Miller Nursing
Home at 8149 Gravois Ave on
Jan 23 1946, patient
John Hamann

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operation.....

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) Accident

(b) Date of occurrence Jan 3 1946

(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?
During home

While at work?..... (Specify type of place) (e) Means of injury as above

23. Signature Arthur Perry (M. D. or other)

Date signed 1/29/46

JAN 25 1946

(Licensed Embalmer's Statement on Reverse Side)

Coroners Case.

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 *Robert L. Benkman*

Licensed Embalmer No. *3553*

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.