

No. 2
12-45
17-39
X47070

FILED JAN 23 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **247**

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: **Infirmiry Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11/26/46 to 1/7/47**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **247**
(d) Street No. **3457 Iowa Ave.**
(If rural, give location) **3**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EDITH HAMMERTON**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **April 11 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 26 hr. min.

9. Birthplace **Dayton Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business

12. Name **? McLaughlin**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Laura ?**

15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmiry Records**
(b) Address **5800 Arsemal St**

17. (a) **Bureau** (b) Date thereof **1/9/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mariano**

18. (a) Signature of funeral director **Finelli Mc C**
(b) Address **7443 Michigan Ca**

19. (a) **JAN 9** (b) **F. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7**
year **1947** hour **6** minute **10** P.M.
21. I hereby certify that I attended the deceased from **Nov. 26**
1946 to **Jan 7** 19 **47**
that I last saw her alive on **January 7** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**
Due to **Syphilitic cardio-vascular disease**

Due to
Other conditions (Include pregnancy within 3 months of death)
30

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?

While at work? (Specify type of place) (g) Means of injury

23. Signature **J. E. Kelly, M.D.** (M. D. or other) **0**
Address **5600 Arsemal St** Date signed **1/8/47**

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

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

Oliver E. Fendley

Licensed Embalmer No.

4148

P. O. Address

Genoa, 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.