No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY #79833
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39718

FILED DEC 6 1947 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 10950

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

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2318 S. 18th ST. 9
(If rural, give location)
Memorial 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country 23

3. (a) PRINT FULL NAME HENRY HAM
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 WIDOWED
6. (b) Name of husband or wife CATHERINE HAM
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 22 (Day) 1869 (Year)

8. AGE: Years 78 Months 3 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED NIGHT WATCHMAN
11. Industry or business
FATHER
12. Name WILLIAM HAM 4
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)
MOTHER
14. Maiden name CATHERINE KLAMP
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant HENRY HAM JR
(b) Address 2318 S. 18th
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY LUTHERAN
18. (a) Signature of funeral director Chas. Kettis & Son
(b) Address 2906 Grasso
19. (a) DEC 1-1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11/25/47
, 19 , to Nov. 29th 1947
that I last saw him alive on Nov. 29th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pyelonephritis (non calculus)	3 months
Due to	
Due to Benign Prostatic Hyperplasia	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 K. D. Gregory (M. D. or other)
Address 1515 Lafayette 11/29/47 Date signed

Jefferson City Printing Co.

(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 Harry C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grove

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.