No. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39720

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 10807

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Lukes 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)

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. 4100 Juniata 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Hammer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Hammer

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 6, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	16	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Peter Hommelsen
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Wilser
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hammer
(b) Address 4100 Juniata

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) NOV 25 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1947 hour 8 minute 40 P M.

21. I hereby certify that I attended the deceased from
, 1915, to Nov 23, 1947
that I last saw her alive on Nov 23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of liver	15 yrs
Due to Glues + alcoholism	20 yrs
Due to Cerebral accident	95 hrs
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 Thos. M. Davis (M. D. ~~or other~~)

Address 2422 N Grand Date signed 11/24/47

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.....Felix J. Krispin

Licensed Embalmer No.....3497

P. O. Address.....2201 S. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.