

FILED DEC 6 1947
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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:
DePaul 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 Mo. (b) County.....

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 2554 Circle Dr.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME JESSIE M. HAMMERSTEIN

3. (b) If veteran, name war None

3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Edmund A.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 14 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55	9	4	hr. min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Carl Reineke

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

14. Maiden name Unknown

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

16. (a) Informant Edmund A. Hammerstein

(b) Address 2554 Circle Dr.

17. (a) Cremation (b) Date thereof 11-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel of Mem.

18. (a) Signature of funeral director Kriegshauser Und.Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 20 1947 (b) J. F. Bredack
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18
year 1947 hour 11:58 minute P. M.

21. I hereby certify that I attended the deceased from April 17 to Nov 20 1947;
that I last saw him alive on 11-18- 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral metastasis

Due to Cancer of Rectum

Due to Cancer of Breast

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

Major findings:
Of operations ops about
confirmed by pathologist
Of autopsy at DePaul Hosp
now done

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 J. F. Bredack (M. D. or other) 0
Address 4932 Maryland Date signed 11/27/47

96
5
3
1

Duration
?
6-wo?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. Stovesand*

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.