S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40466

FILED NOV 21 1947

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 2345

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9439-Roslan Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9439-Roslan Place 1
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ernest R. Hammack
3. (b) If veteran, name war None
3. (c) Social Security No. 495-12-7940
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Charity
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Nov. (Month) 21 (Day) 1895 (Year)

8. AGE: Years 51 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation Maintenaceman
11. Industry or business Carter Carburetor Co.
FATHER
12. Name James Hammack
13. Birthplace (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Charity Hammack
(b) Address 9439-Roslan Pl-Overland-14-Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 11-17-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature) MSa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1947 hour 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from 6/16, 1947 to 11/13/47
that I last saw him alive on 11/6/47, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 6 Mo.
Due to Carcinoma of Brain & Nasopharynx. 9 Mo
Due to
Other conditions (Include pregnancy within 3 months of death) 45F
Major findings: Of operations None
Of autopsy None

Duration

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 Charles W. Harris MD (M. D. or other)
Address 5298a Page Date signed 11/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

52985 Reg.

NOV 21 1947

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.