S. No. 2
M—1/47
. 5-17-39

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

State File No. 6436

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1795

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 6 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 7071 Plainview Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Doris Elaine Hamman
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 16 (Day) 1941 (Year)

8. AGE: Years 6 Months 10 Days 3 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
FATHER 12. Name: Theo. R. Hamman
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Mary Stuckey
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Theo. R. Hamman
(b) Address: 7071 Plainview Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 23 (Day) 1948 (Year)
(c) Place: burial or cremation: New St. Marcus Cem.
18. (a) Signature of funeral director: Beiderwieden Funeral Home
(b) Address: 1936 St. Louis Avenue
19. (a) FEB 21 1948 (Date received local registrar) (b) J. J. Prudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Fracture of Skull, Laceration of Brain, when struck by a U.S. Mail Truck driven by one
Due to: Joseph Wm. Guelker at the intersection of Lansdowne and Wabash Ave. around 1:42 P.M. Feb. 19, 1948.
Due to: ACCIDENT

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): accident
(b) Date of occurrence: Feb. 19, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no
(e) Means of injury: automobil
Signature: (M. D. or other)
Address: Date signed 1/21/48

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 W. Town Ave

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.