

FILED APR 12 1948

318

1003

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **3333**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis, Missouri.**
 (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 **5 days** (Specify whether U)
 In this community **17 years**
 years, months or days)

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. **1813 So. 3rd Street**
Maxwell (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES HAMMETT**
 3. (b) If veteran, name was **Spanish Amer.**
 3. (c) Social Security No. **494-10-7023**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **5th**
 year **1948** hour **8** minute **35 A.M.**
21. I hereby certify that I attended the deceased from **3/31/48**
 _____, 19____ to **April 5th**, 19 **48**
 that I last saw h **im** live on **April 5th**, 19 **48**
 and that death occurred on the date and hour stated above.

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **W 2**
6. (b) Name of husband or wife **Birdie**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 26, 1878**
 (Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage
 Duration **5 da**

8. AGE: Years **70** Months **2** Days **9**
 If less than one day _____ hr. _____ min.

Due to **Hypertension**
 Due to **Hypertension Heart Disease**
 Other conditions **Hypertension Heart Disease**
 (Include pregnancy within 3 months of death)

9. Birthplace **Fulton, Kentucky**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Packer**
11. Industry or business **Hardware Jobber**

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Thomas Hammatt**
13. Birthplace **unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name **Nancy Keurchfield**
 (City, town, or county) (State or foreign country)
15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **James Hammatt**
(b) Address **2208a Cherokee Street**
17. (a) burial (b) Date thereof: **4-7-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cemetery**

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?.....

18. (a) Signature of funeral director **A.W. McLaughlin**
(b) Address **2301 Lafayette Avenue**
19. (a) APR 6 1948 (b) **J. F. Brudick**
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____
 (e) Means of injury **1)**
23. Signature **John W. Murphy** (M.D. or other) **H. Q.**
1515 Lafayette **3/5/48**
 Address Date signed

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

JUL 22 1945

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..... *C. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *2501 Lafayette*.....

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.