No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14157

Registrar's No. 4058

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Fergerson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Maternity Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one hour (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stl Louis 96
(c) City or town Fergerson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Banger 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Hammer, Baby Girl
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 G
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. no min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name Hammer, Jacob Clemens
13. Birthplace Patterson, (City, town, or county) New Jersey (State or foreign country)
14. Maiden name Brooks, Nadine Marie
15. Birthplace Zenith (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant records of St. Louis Maternity Hosp.
(b) Address 630 S. Kingshighway, St. Louis
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof APR 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave
19. (a) APR 30 1948 (Date received local registrar) (b) J. F. Bueeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 2:05 minute A. M.
21. I hereby certify that I attended the deceased from April 18 1:05 A.M. 1948 to April 18, 2:05 A.M. 48 that I last saw her alive on April 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral hemorrhage

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify) no
(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 0
23. Signature Charles R. Gulick (M. D. or other)
Address 630 S. Kingshighway Date signed 4/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

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.