

FEDERAL BUREAU OF INVESTIGATION
JUN 28 1948

State File No.

5412

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Enroute City Hospital 3
 (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)3. (a) PRINT FULL NAME Vadie Hammer3. (b) If veteran, name war World War I 3. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Dorothy Hammer 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased August 30 1898
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 9 13 hr. min.9. Birthplace Stoutland Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business

12. Name William Hammer13. Birthplace Stoutland Missouri
 (City, town, or county) (State or foreign country)14. Maiden name May Burgess15. Birthplace Stoutland Missouri
 (City, town, or county) (State or foreign country)16. (a) Informant Clarence Hammer(b) Address Lebanon, Mo.17. (a) Burial (b) Date thereof 6-15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) JUN 14 1948 (Date received local registrar) J. F. Bredbeck (Registrar's signature) HCS

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. Unknown 0
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
 year 1948 hour 7:35 minute A M.21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
 that I last saw him alive on....., 19....., and that death occurred on the date and hour stated above. DurationImmediate cause of death Asphyxiation, due to drowning; when body was found floating in the Mississippi River, near the foot of Fillmore Str., on June 13, 1948, about 7:35 A.M. TIME, PLACE, CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.Due to.....
OPEN VERDICTOther conditions.....
 (Include pregnancy within 3 months of death)Major findings:
 Of operations 183
36

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)..... Open Verdict(b) Date of occurrence..... unknown(c) Where did injury occur?..... unknown
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi River
 (Specify type of place)While at work? see above Means of injury see above23. Signature Patrick C. Taylor, Sep Car (P. D. or other)Address 1300 Clark Date signed 6-14-48

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..... No Embalm.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME Vadie Hammer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 30 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 4 1948 (b) J. F. Busbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

MOTHER FATHER

SUPPLEMENTARY 13

JUL 5 1948

S-20926