

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. **41500**  
Registrar's No. **10749**

FILED DEC 23 1948 **318**  
Registration District No. ....

Primary Registration District No. .... **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
Life (Specify whether years, months or days)

In this community.....  
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. 3507 Cherokee St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HAMMEL, MARY

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 October 30 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>11</u>	..... hr. .... min.

9. Birthplace..... Missouri 11  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil

11. Industry or business..... Frederick Hammel

12. Name..... Germany

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

14. Maiden name..... Missouri

15. Birthplace..... 3507 Cherokee St.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Willie Hammel

(b) Address..... 3507 Cherokee St.

17. (a) Burial (b) Date thereof 12-14-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director..... J. B. Pasater

(b) Address..... 6409 Gravois Ave

19. (a) DEC 13 1948 (b) J. B. Pasater  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11  
year 1948 hour 11:05 minute A M.

21. I hereby certify that I attended the deceased from..... A.  
July 7, 1948 19..... to..... 19.....  
that I last saw her alive on Dec 11, 1948 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arteriosclerotic Heart Disease

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy..... same

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..... C. L. Krog M.D. (M. D. or other)  
Address..... 5600 Arsenal St. St. Louis 12/13/48 Date signed.....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

*J. Allen Daugh*

Licensed Embalmer No.....

*4053*

P. O. Address.....

*H. B. Co.*

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.