

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2755
983

318 PRIMARY REGISTRATION NO. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REGISTRATION NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3114 Chippewa St. Int				d. STREET ADDRESS (If rural, give location) 3114 Chippewa St.			
3. NAME OF DECEASED a. (First) George (Type or Print)			b. (Middle)		c. (Last) Hammerschmidt		4. DATE OF DEATH Jan. 30, 1949 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 25, 1884	9. AGE (In years last birthday) 64	10. MONTHS 15	11. DAYS 5	12. HOURS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Package Liquor Store		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Hammerschmidt		13b. MOTHER'S MAIDEN NAME Mary Magee		14. NAME OF HUSBAND OR WIFE Edith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Hammerschmidt 3114 Chippewa St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute exacerbation of chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11/20/49 JH				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 30 Jan, 1949, to 30 Jan, 1949, that I last saw the deceased alive on 30 Jan, 1949, and that death occurred at 5 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul M. Parashak MD				23b. ADDRESS 1319 So. Bldway		23c. DATE SIGNED 1-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/2/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE FEB 1 1949 J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebke Sons Und. Co.		ADDRESS 2630 Gravois Ave.			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert T. Gelber.....

Licensed Embalmer No. 4144.....

P. O. Address. 2630 Gravois 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.