

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24857
6227

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 1702			
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) ST. LOUIS		(9)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3426 ^A CAROLINE				d. STREET ADDRESS (If rural, give location) 18-3426 ^A CAROLINE ST			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) HAMMERSCHMIDT c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JULY 17-49				
5. SEX FEMALE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH APRIL 3-1864		9. AGE (In years last birthday) 85 YRS	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME 9 CAHILL		13b. MOTHER'S MAIDEN NAME 9 UNK 9		14. NAME OF HUSBAND OR WIFE W ^M HAMMERSCHMIDT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James HARNEY 3426 ^A Caroline 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Atherosclerosis Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 1816			
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? 592X			
22. I hereby certify that I attended the deceased from June 20, 1945, to July 17, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 6:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Mrs. J. B. Penn M.D. (Degree or title)				23b. ADDRESS 1446 S. Grand		23c. DATE SIGNED 7-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 20-49	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY. MO		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 18 1949 J. B. Pascale		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurer		ADDRESS 3125 Lafayette Av			

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Just B. Hollman.....

Licensed Embalmer No. 4014.....

P. O. Address 3195 Lafayette 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.