

STANDARD CERTIFICATE OF DEATH

State File No. **42543**

FILED DEC 27 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10719**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wash	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 0		d. STREET ADDRESS (If rural, give location) 17 - 3918 FOLSOM AV. 'D	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. John's Hospital		3. NAME OF DECEASED a. (First) FRANKLIN b. (Middle) M. c. (Last) HAMMERSCHMIDT	
4. DATE OF DEATH (Month) (Day) (Year) DEC. 11 - 1949		5. SEX M.	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH DEC. 31 - 1901		9. AGE (In years last birthday) 47 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TROUBLE SHOOTER.		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE	
11. BIRTHPLACE (State or foreign country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY? MO	
13a. FATHER'S NAME EDWARD HAMMERSCHMIDT		13b. MOTHER'S MAIDEN NAME MARGARET FIKIES	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Edna Hammerschmidt	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 94 WASH MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) (Sec)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 11211		22. I hereby certify that I attended the deceased from 12/10, 1949 , to 12/11, 1949 , that I last saw the deceased alive on 12/11, 1949 , and that death occurred at 6:55 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE F. Evans (Degree or title) MD		23b. ADDRESS 301 Humboldt Bldg	
23c. DATE SIGNED 12/12/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE DEC 14 - 49		24c. NAME OF CEMETERY OR CREMATORY SUN SET BURIAL PK.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schner	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 13 1949 J. B. Pasater		ADDRESS 3125 Lafayette Ave	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Joseph B. Volkmann*
Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.