

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43120

State File No. _____

FILED DEC 17 1949

Registrar's No. **04671**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		REGISTRAR'S NO. 04671	
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 17		c. CITY (If outside corporate limits, write RURAL and give township) 2 Robertson		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital				d. STREET ADDRESS (If rural, give location) Summit Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle)		c. (Last) HAMMONDS		4. DATE OF DEATH (Month) (Day) (Year) 12 - 10 - 49
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid.		8. DATE OF BIRTH UNKNOWN	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (State or foreign country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? UNKNOWN
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS Records - St. Louis Co. Hospital		
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* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion					INTERVAL BETWEEN ONSET AND DEATH 1 hour
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1					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) (Min.)		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 11-26 , 19 49 , to 12-10 , 19 49 , that I last saw the deceased alive on 12-10 , 19 49 , and that death occurred at 735 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. R. Cable				(Degree or title) D. M. D.		23b. ADDRESS 601 Brentwood Clayton	
23c. DATE SIGNED 12-12-49							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Free Free Cem		24d. LOCATION (City, town, or county) (State) St. L. Co	
DATE REC'D BY LOCAL REG. 12-13-49		REGISTRAR'S SIGNATURE Herbert L. Lusk		FUNERAL DIRECTOR'S SIGNATURE W. J. Baumann		ADDRESS Box 2504 Woodson	

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

(Licensed Embalmer's Signature on Reverse Side)

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. 3450

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland m

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.