

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18239
Registrar's No. 4665

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | REGISTRAR'S NO. 4665 | | |
| 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 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5050 Easton Ave. | | | | STREET ADDRESS (If rural, give location) 5050 Easton Ave. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Hamann | | | 4. DATE OF DEATH (Month) (Day) (Year) May 25 1950 | | | | | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Nov. 11, 1868 | | |
| 9. AGE (In years last birthday) 81 | | 10. MONTHS 6 | | 11. DAYS 14 | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer | | | 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store | | 11. BIRTHPLACE (State or foreign country) Washington, Missouri | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME John Hamann | | | 13b. MOTHER'S MAIDEN NAME Ernestine Schultz | | | 14. NAME OF HUSBAND OR WIFE Caroline (Wild) Hamann | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Hamann, 5050 Easton Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS | | | | | 10 M.P.N. | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | 10 Y.R.O. | |
| | | DUE TO (b) ARTERIO SCLEROSIS | | | | | | |
| | | DUE TO (c) | | | | | | |
| | | II. 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 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? 420 ft | | | | |
| 22. I hereby certify that I attended the deceased from MAY 1, 1949, to MAY 25, 1950, that I last saw the deceased alive on MAY 20, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Amelia Quitt</i> M.D. | | | | 23b. ADDRESS 1194 Hoshorn | | 23c. DATE SIGNED 5-26-50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 27, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | |
| DATE REC'D BY LOCAL REG. MAY 26 1950 | | REGISTRAR'S SIGNATURE <i>J. B. Pasater</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullinane Bros. 3320 N. Kings Highway | | | |

WRITE PLAINLY—USING UNFADEING 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 *Fred Frick* _____

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.