

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38578

FILED DEC 1 1950

1003

State File No. 9852

Registrar's No. 9852

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marian Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2722 S. Broadway</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>P</u>		c. (Last) <u>Hamm</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 1, 1885</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Marshall, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Hamm</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>Katherine Hamm</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Hamm</u>		ADDRESS <u>2722 S. Broadway</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cirrhosis - Liver</u> <u>Arteriosclerosis</u>					
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) _____ DUE TO (c) _____ 5 yrs					
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) _____	
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? <u>381.0</u>	
22. I hereby certify that I attended the deceased from <u>Aug 4, 1950</u> , to <u>Nov 18, 1950</u> , that I last saw the deceased alive on <u>Nov 18, 1950</u> , and that death occurred at <u>9:50 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>BARTNICK</u> (Degree or title) _____		23b. ADDRESS <u>7629 So. Broadway</u>		23c. DATE SIGNED <u>11/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO., 3710 N. Grand Bl.</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>NOV 20 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lancaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO., 3710 N. Grand Bl.</u> ADDRESS _____	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Albert W. Mayfield*

Signed
Student Embalmer

Licensed Embalmer No. *3075*

P. O. Address

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.