

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 0093

0500

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

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5094</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>3 mo. 10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		<u>2059</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPHS HILL ANF.</u>				d. STREET ADDRESS (If rural, give location) <u>6009 FTSEL</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u>			b. (Middle) <u>MARK</u>			c. (Last) <u>HAMMERSLEY</u>		
4. DATE OF DEATH		(Month) <u>MAR.</u>		(Day) <u>23</u>		(Year) <u>1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV. 15 1885</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>STREET CAR</u>			11. BIRTHPLACE (State or foreign country) <u>IRELAND 4</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>THOMAS HAMMERSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE O'DONNELL</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Vincent, Eureka Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u>				INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES		DUE TO (b) <u>CHRONIC MYOCARDITIS</u>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>GENERALISED ARTERIO-</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SCLEROSIS</u>								
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) _____		4221		
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				
22. I hereby certify that I attended the deceased from <u>12/13</u> , 1950, to <u>3/19</u> , 1951, that I last saw the deceased alive on <u>3/19</u> , 1951, and that death occurred at <u>8:00 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. Marden</u>				(Degree or title)		23b. ADDRESS <u>4323 ROLAND DRIVE</u>		
23c. DATE SIGNED <u>3/23/51</u>		24a. RURAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>3/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-31-51</u>		REGISTRAR'S SIGNATURE <u>Ruth Jisca</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.J. Progham &amp; Son</u>		
ADDRESS <u>Maplewood</u>								

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 4-2-51

1951 APR 1 11 AM

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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....  
*Ronald Q. Yahrke*

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.