

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31527**
Registrar's No. **8050**

FILED SEP 22 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8050	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS,		2709	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE TO HOSPITAL				d. STREET ADDRESS (If rural, give location) 3518 NO NEWSTEAD AVE			
3. NAME OF DECEASED (Type or Print) ELMER		a. (First)		b. (Middle) HAMMACHER		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED 3		8. DATE OF BIRTH JAN, 7, 1902	
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Mins. _____		4. DATE OF DEATH SEPT, 9, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) kitchen man		10b. KIND OF BUSINESS OR INDUSTRY CITY HOSPITAL		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED HAMMACHER		13b. MOTHER'S MAIDEN NAME BERTHA GOETZ		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 MRS. BERTHA HAMMACHER ADDRESS 3518 NO. NEWSTEAD AV			
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic of Liver DUE TO (c) (HAB. MAILED TYPE) 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 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 587.0					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Catharine E. Taylor (Degree or title) Coroner				23b. ADDRESS 31300 Clark		23c. DATE SIGNED 9.11.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/12/51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. SEP 11 1951		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE MVB ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE			

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 Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

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.