

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18769

State File No. _____

DECEASED MAY 27 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1316

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	
c. LENGTH OF STAY (In this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>7570 Oxford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7570 Oxford</u>		e. STREET ADDRESS <u>7570 Oxford</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adele</u> b. (Middle) <u>Louise</u> c. (Last) <u>Hammer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20-1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 5 - 1891</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Fred C. Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Dreiting</u>		14. NAME OF HUSBAND OR WIFE <u>R. E. Hammer</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>R. E. Hammer</u>	
				ADDRESS <u>-7570 Oxford, Clayton</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>Multiple Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>345X</u>		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)		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 Jan 52, 19, to 5/20/52 19, that I last saw the deceased alive on 2/20/52, 19, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Olmsted M.D.</u>		23b. ADDRESS <u>3720 Washington St. Louis</u>		23c. DATE SIGNED <u>5/20/52</u>	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
--	--	-------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>5-20-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar</u>	
--	--	---	--	--	--	-------------------------------	--

SW (Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1950

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.