

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29543

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7768

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2179</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3212 Shenandoah</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3212 Shenandoah</u>		e. (Last)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Hambel</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>2/21/1884</u>
9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Groceries</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto Mo</u>
11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Charles S. Hambel</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Dunebeck</u>
14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-071776</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Hambel</u>
17. INFORMANT'S SIGNATURE OR NAME	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, asthenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION 20. INTERVAL BETWEEN ONSET AND DEATH <u>5</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reticulum Sarcosoma of mesentery</u>		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>14-5-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Reticulum Cell Sarcosoma of mesentery</u>		21. HOW DID INJURY OCCUR? <u>2000</u>
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"/>		
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>50</u> , to <u>Aug 13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-13</u> , 19 <u>52</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward J. Berger</u>		23b. ADDRESS <u>457th Kingshighway</u>	
23c. DATE SIGNED <u>8-14-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 16 '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
DATE REC'D BY LOCAL REG <u>AUG 15 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Wm. A. Howard 1619 So. Grand</u>	

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. 3749

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.