V.S. No. 300
Rev. 10-48

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

FILED OCT 4 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33001

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8985

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5535 Maffitt Avenue.,

**3. NAME OF DECEASED** (Type or Print)
a. (First): Johanna
b. (Middle): (Annie)
c. (Last): Hammerschmidt

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 24, 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: May 27, 1884
**9. AGE** (In years last birthday): 68 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Patrick Callahan
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Philip C. Hammerschmidt
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Philip Hammerschmidt, 5535 Maffitt

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
*Morbid 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:* Embolic to left leg and chest

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 331X

22. *I hereby certify that I attended the deceased from* Sept 10, 1952, *to* Sept 27, 1952, *that I last saw the deceased alive on* Sept 27, 1952 *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: John J. Foste — (Degree or title): M.D.
**23b. ADDRESS**: 4703 Cartee Ave St Louis
**23c. DATE SIGNED**: 9-26-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9-27-52
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG. SEP 26 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Harrigan & Sheahan, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leonard H. Remelius

Licensed Embalmer No. 4283

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.