

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12810

State File No. _____

No. 300
10.48

FILED APR 3 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 829

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Meramec</u>	c. LENGTH OF STAY (in this place) <u>9 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Meramec 4740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wild Horse Road</u>		d. STREET ADDRESS (If rural, give location) <u>Wild Horse Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) <u>Cleveland</u> c. (Last) <u>Hammack</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14, 1893</u>	9. AGE (In years last birthday) <u>60</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Absorbant Cotton</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Hammack</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith Orgeith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>499-01-2653</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Hammack</u>		ADDRESS <u>Chesterfield</u>	
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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>Hemorrhage (Lung)</u> 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.		INTERVAL BETWEEN ONSET AND DEATH	
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.) <u>1st</u>		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 3/15, 1953, to 3/17, 1953, that I last saw the deceased alive on 3/17, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Goodman</u>		23b. ADDRESS <u>1 RR1 Glenview Mo.</u>		23c. DATE SIGNED <u>Mar 17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barricks</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barricks, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3-17-53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Double-Mills</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader</u>	
				ADDRESS <u>Funeral Home, Ballwin, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

H. Spradley

Licensed Embalmer No. *3066*

P. O. Address *Bellview, Me*

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.