

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **436**

FILED FEB 14 1955

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 106
1. PLACE OF DEATH a. COUNTY Cape Girardeau 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 16 months	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		No. STREET ADDRESS (If rural, give location) 1257 Rockwood Drive 01670		
3. NAME OF DECEASED (Type or Print) CAROLINE		a. (First) A.	b. (Middle) HAMMER	c. (Last) HAMMER
4. DATE OF DEATH (Month) (Day) (Year) February 7, 1955		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 11, 1874
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 6 Days 26		IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME John F. Astroth		
13b. MOTHER'S MAIDEN NAME Caroline Hohnstrater		14. NAME OF HUSBAND OR WIFE Fred W. Hammer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. A. Ritter
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral apoplexy (Left hemiplegia).		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		DUE TO (c) Arteriosclerosis -		
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 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) 334 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2-3-1955 , to 2-7-1955 , that I last saw the deceased alive on 2-6-1955 and that death occurred at 5:00 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Albert M. Estes (Degree of title) M.D.		23b. ADDRESS Cape Gir. 714 Broadway Mo		23c. DATE SIGNED 2-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		DATE REC'D BY LOCAL REG. 2-9-55		
REGISTRAR'S SIGNATURE W. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home Cape Gir. Mo.
ADDRESS		ADDRESS		

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

MAR 14 1957

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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.....
Signature of Student Embalmer

Signed *Virgil H. Helch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.