

STANDARD CERTIFICATE OF DEATH

State File No. **9662**
2298
Registrar's No.

FILED MAR 31 1955

BIRTH NO. **32937-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis Children's**

STREET ADDRESS (If rural, give location) **1117 N. Whittier 2119**

3. NAME OF DECEASED (Type or Print)
a. (First) **Faye** b. (Middle) **Lorraine** c. (Last) **Hammonds**

4. DATE OF DEATH (Month) (Day) (Year) **3 10 1955**

5. SEX **FEMALE**

6. COLOR OR RACE **NEGRO**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **4-29-1954**

9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. **10**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Edward Hammonds**

13b. MOTHER'S MAIDEN NAME **Lillian Ward**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **HEbraen 520 S. Kingshighway**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **shunt**

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) **Sepsis-thecal cyst**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Hydrocephalus**

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 **Communicating Hydrocephalus**

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **752x**

22. I hereby certify that I attended the deceased from **2-6-1955**, to **3-10-1955**, that I last saw the deceased alive on **3-10-1955**, and that death occurred at **2:30p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. F. H. Hester M.D.**

23b. ADDRESS **Childrens Hospital**

23c. DATE SIGNED **MAR 14 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **2-14-55**

24c. NAME OF CEMETERY OR CREMATORY **Cent Dale**

24d. LOCATION (City, town, or county) (State) **St. Louis County**

DATE REC'D BY LOCAL REG. **MAR 14 1955**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. Watson 2769 Chouteau**

