

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42843
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2938

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 township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D O A</u>	c. CITY OR TOWN <u>4301 Wellston</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hosp D.C.A.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) <u>1448 Delaware Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anton</u>	b. (Middle) <u>J</u>	c. (Last) <u>Hammer</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12 15 55</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>11/5/82</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bartender</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Anton J Hammer</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Heckler</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>49B-09-7754</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Hammer #9 Kings Ct Ferguson</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO SCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1955, to 12-15, 1955, that I last saw the deceased alive on 12-14, 1955, and that death occurred at 7:35 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold Deane MD</u>	23b. ADDRESS <u>1194 Hodiament Ave</u>	23c. DATE SIGNED <u>12-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-16-55</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Deane MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos W Clark</u>	ADDRESS <u>Funeral Home Inc 1125 Hodiament Ave</u>
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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
Signature of Student Embalmer

Signed *Alfred J. Boedek*
Licensed Embalmer No. *265*
P. O. Address *11.25. Hudson*

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.