

LED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **40172**

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **2702**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sappington | | c. CITY OR TOWN Sappington 4000 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9500 Eddy & Park Rd. | | d. STREET ADDRESS (If outside, give location) 9500 Eddy & Park Rds. | |

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|--|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Agnes Middle A Last Hambacker | | | 4. DATE OF DEATH Month Nov Day 12 Year 1956 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 29, 1886 | 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY restaurant | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Henry J Hambacker | | | 14. MOTHER'S MAIDEN NAME Wilhelmine Dressing | | |
| 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. None | 17. INFORMANT Wm. Hambacker Address 9500 Eddy & Park Rds. | | |

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|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 4200 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from **6-1-56** to **11-13-56** and last saw her alive on **11-12-56**
Death occurred at **24th St** on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|--|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title) Robert W. Tichenor MD | 22b. ADDRESS P.O. Box 6 Sappington 23 | 22c. DATE SIGNED 11-13-56 |
|--|---|-------------------------------------|

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|---|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 11/15/56 | 23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois | | 25. DATE RECD. BY LOCAL REG. 11-14-56 | 26. REGISTRAR'S SIGNATURE Robert A. Donahue |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *E. F. Kidwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027 Gra*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.